EVALUATION OF THE PARTICIPANT TRAINING PROGRAM IN THE CAR

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TABLE OF CONTENTS

Evaluation of the Participant
Training Program in the CAR
       i   *April 30, 2003*

ACKNOWLEDGEMENTS

The evaluation of the Participant Training Program in the CAR was a complex undertaking. Scheduling and logistics for the assessment team were relatively straight-forward and not out of the ordinary for this type of work. Coordinating the activities on the ground and fulfilling the demands of the required quantitative and qualitative research in each of the five countries of the region was where the complexity of the assignment was focused. The ability of the evaluation team – often operating concurrently in two sub-teams – to conduct interviews with PTP alumni and their organizations, with USAID and AED staff and with the TA contractors/grantees, and to oversee data collection via a questionnaire survey and its subsequent analysis, was entirely due to a group of dedicated and hard-working individuals.

The evaluation team offers special thanks to Ms. Rabiga Baytokova in the USAID/CAR Program Support Office for her professional interest and guidance with this assignment. Mr. Wayne McDonald, USAID/CAR Program Officer, also provided significant input and assistance with critical decision-making, especially as the war with Iraq was breaking out.

The CAR Regional Director for the Academy for Educational Development (AED), Mr. Larry Held, is extremely knowledgeable of the PTP in the region. He provided numerous hours of his time (and that of his staff as well) to help the evaluation team understand PTP training activities in the region.

Ms. Baytokova and Mr. Held have made considerable progress in guiding PTP activities during this past year of significant change in the contract. The evaluation team also wishes them continued success in improving USAID-funded training in the region.

AED country directors in Uzbekistan, Turkmenistan, Tajikistan and the Krygyz Republic were also invaluable in assisting the team with an understanding of the PTP activities in each of their countries. They, and their staffs, also helped the team understand the PTP database and provided choices for local assistance in implementing the questionnaire survey.

The team is also indebted to the four primary translators, Ms. Gulnaza Asakeyeva, Ms. Juliya Maliyeva, Ms. Madina Nurakisheva and Mr. Shad-Ahmad Mutalov, who greatly facilitated our work and understanding of the issues in the course of our research.

Finally, the PTP participants and partner groups are to be thanked for their spirit of cooperation, the information and time that they gave voluntarily, and their insights that they provided based on their training and life experiences. It is from them that we learned the most about training impacts and suggestions for valuable improvements. Hopefully, these are constructively captured in this report.

ACRONYMS

AED	Academy for Educational Development
CA	Central Asia
CAR	Central Asia Republics
CIS	Commonwealth of Independent States
FGD	Focus Group Discussion
FSI	Financial Sector Initiative
GTD	Global Training and Development
ICI	In-country Initiative
MOU	Memorandum of Understanding
NGO	Non-governmental Organization
PTP	Participant Training Program
SME	Small and Medium Enterprises
SO	Strategic Objective
SOW	Scope of Work
START	Strategic Technical Assistance for Results with Training
TA	Technical Assistance
TARF	Training Activity Request Form
TOT	Training of Trainers
TR	Training Request
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

The Participant Training Program (PTP) has been implemented in the five republics of Central Asia for almost ten years. More than 33,000 individuals from throughout the region have participated in more than 800 events and training venues within the region, in third countries and in the United States. The third contract responsible for the primary assistance under the program began in June 2002.

This evaluation explores key questions that examine the training impacts of the PTP in the region, looks at capacity improvements and the application of new skills and knowledge, and also identifies specific lessons learned that could be shared across the region. It develops specific recommendations that focus on helping to improve the design of future training events, increase the efficiency and effective use of training funds, guide the process of participant selection, and implement specific changes to benefit the PTP overall.

The qualitative and quantitative research conducted for this evaluation points to a solid consensus that the program is valued by its participants and has impact on their organizations, communities, institutions and governments. TA contractors/grantees working with USAID/CAR to implement specific activities endorse the program for its flexibility, its benefits as supplements to their own activities and the burdens it assumes for training logistics and administration. USAID also recognizes that the PTP facilitates the achievement of its strategic objectives in the region.

The conclusions presented in this report specifically note training impacts across the region and within individual countries. PTP participants, in quantitative data collected, stated overwhelmingly that they were able to utilize the knowledge gained from their training experience, often leading to an increase in their own self-confidence and that it contributed to positive actions in their workplace or community. In-depth interviews with PTP participant alumni reinforced the perceived value and the scope of the training impacts throughout the region

Capacity of participants and organizations was also improved according to respondents completing the quantitative survey. They reported in substantial number that new strategies, approaches, tactics and management ideas at workplaces were undertaken, that legislation was drafted and curriculums reformed as a direct result of training events. The qualitative data collection uncovered numerous success stories and individual experiences that illustrated the impacts that the program has, and is continuing to have on individuals, institutions and communities in all five countries in the region.

Many challenges for the PTP were also aired in the course of the assessment. Participants noted time and again that there is room for increased quality in the training events. These include their own selection for training, preparation, more effective use of trainers, the training event content and most importantly, what happens after a training event – the follow-on and reinforcing activities. Other challenges brought out in interviews across the region focused on roles and relationships of contractors implementing training events, the planning processes used and the added value that changes might bring to training impact and improved capacity in the region.

Based on conclusions and lessons learned, success stories and different training models explored, the evaluation team provides a number of recommendations and suggested actions. These include:

▶ Ensuring that the PTP involve participants more dynamically. Suggestions are made to utilize opportunities to engage participants in training design, to prepare participants and trainers alike for training events and to develop and institutionalize practical follow-on activities.

▶ Governments and institutions need to be involved more systematically. They could be more actively solicited for contacts and training design ideas, linked more clearly with the training through discussions and roundtables on their local objectives and reforms, and also tapped to use their existing infrastructures and training resources.

▶ Training quality should be more actively pursued through the PTP. Improving the mix of training locations and training types, carefully selecting and preparing trainers, ensuring that relevant materials are used, ensuring that lengths of training are appropriate and that institutionalizing follow-on activities can all help to improve quality.

▶ The present value of the PTP needs to be maintained. Solid and effective logistical planning and follow-through are the hallmarks of the program; any considerations for change to the PTP need to insure that this will not be compromised. Attention also should to be paid to solidifying strengths and shoring up weaknesses as is true for every program and organization.

▶ USAID should consider increasing the PTP role as a development partner, especially is it pertains to the training process – planning, design, implementation and follow-on, as a way of adding value. It will be important in this discussion that the elements of change stay within the boundaries of the PTP resource capabilities.

▶ Finally, USAID/CAR's Strategic Objective teams have a pivotal role to play in the success of the PTP. The teams' understanding, support and involvement are necessary for the achievement of the recommendations of this evaluation.

SECTION I
INTRODUCTION

The Participant Training Program has been implemented in the five republics of Central Asia for almost ten years. More than 33,000 individuals from throughout the region have participated in more than 800 events and training venues in-country, within the region, in another third country and in the United States. The third contract responsible for the primary assistance under the program began in June 2002.

Since its beginning the USAID's Participant Training Program (PTP) has undergone many transformations owing to changing conditions and priorities, and it has emphasized and implemented training events with many different approaches. This report is the response to USAID/CAR's call for an extensive evaluation of the program. Although it focuses predominantly on the most recent five years of the PTP, significant weight is also given to USAID's directive that the assessment also take into account programming changes and actions that have been instituted with the START (Strategic Technical Assistance for Results with Training) program.

In response to the Scope of Work (see Appendix A) it specifically explores key questions that examine the training impacts of the PTP in the region, looks at capacity improvements and the application of new skills and knowledge. It also identifies specific lessons learned that can be shared across the region. This assessment develops specific recommendations that should help to improve the design of future training events, increase the efficiency and effective use of training funds, guide the process of participant selection, and implement specific changes to benefit the PTP overall.

Working in the region during March and early April 2003, the four-person evaluation team collected information directly in three of the five countries. Additional data was also collected for the other two countries by interviews, either in person, or via telephone. Travel restrictions caused by the US war with Iraq at the time of the evaluation prevented some of the travel outlined in the Scope of Work. An oral debriefing and draft report was given to USAID/CAR in early April for comments and suggestions. The evaluation team incorporated these where appropriate and submitted this final report by the end of April 2003.

SECTION II
STUDY METHODOLOGY

A. DATA COLLECTION

1. DATA SOURCES

Primary and secondary data sources were selected for this evaluation to ensure a well-rounded, multi-faceted perspective on the training issues to be detailed. Primary sources were primary consumers of the training services and secondary sources were the providers and/or supporters of those training services. Primary and secondary data sources comprised:

▶ *Primary Data Sources* - PTP Participants and PTP Organizations (organizations in which these participants work)

▶ *Secondary Data Sources* - PTP TA Contractors/Grantees/Implementing Organizations, AED Country Representative and additional staff as appropriate, AED Regional Staff, USAID Country Staff, USAID Technical Office Staff (SO Team Leaders), and USAID Program Support Staff (see Appendix B for a list of organizations contacted).

2. DESIGN

This evaluation utilized quantitative and qualitative methodologies (see Appendix C for the qualitative question guides used and the quantitative survey that was administered).

The quantitative portion utilized two methods: a questionnaire survey and a document review of the program and training activities.

▶ Surveys – Surveys were administered to PTP alumni participants via telephone and in person to assess primarily what they thought about the training in which they participated and how they had been able to use what they learned.

▶ Document Review – Over 50 PTP and other relevant documents were reviewed to gain a broader understanding of the program and situation (see Appendix D for a complete list).

▶ Training Activity Request Review – Over 75 training activity summaries were reviewed prior to PTP alumni participant interviews on the specific training program in which s/he participated. This gave the team an idea of intended training purpose and objectives and expected results, if they had been delineated, before it conducted the interview.

The evaluation team utilized two qualitative methods: interviews, both phone and in-depth, and focus group discussions (FGDs).

▶ Phone Interviews – Phone interviews, though not originally planned, were conducted in Tajikistan and Turkmenistan (when it was deemed inadvisable to visit either country) with selected primary and secondary data sources: PTP alumni participants, TA contractors/grantees, AED staff, and USAID staff.

▶ In-depth Interviews – Interviews were conducted with both primary and secondary data sources. Interviews with primary data sources allowed the team to draw linkages

between the training provided and its impact on the individual and his/her organization. Furthermore, this approach allowed the team to identify significant achievements and more fully document and track them once they were identified. To complete the research package and ensure that the team had an overarching, regional and country perspective on training and its impact in the region, secondary data sources were interviewed so that key information could be supported and provide the overview details necessary to make regional and country recommendations.

▶ FGDs – FGDs were conducted with PTP alumni participants only. They were used to gather more general impressions from past training participants on their views regarding the concept of trainings and the usefulness of the different types of trainings, as well as the changes it brought about in themselves and their organizations and the opportunities and challenges these changes presented. Furthermore, the FGDs allowed the evaluation team to collect general information on training process, i.e. recruitment and selection and meeting participant expectations and thoughts on how to improve it as well as some training lessons learned.

Additional details about the design and the methodologies used by the team can be viewed in Appendix E.

3.   ANALYSIS

Quantitative data was analyzed using standard statistical techniques and crosstabulation. Regional, strategic objective and country data were also examined along with frequency information for the total population recorded in AED's MISTER database. (Appendix F contains details for the quantitative analyses.) The initial analyses of these data were used to examine gross scale differences among strategic objectives and among countries and comparatively across the region overall.

Qualitative data was analyzed identifying trends and patterns in training impact within each country, under different research themes: training general, training impact, training process and capacity, and training directions, and to the extent possible, by USAID/CAR's strategic objective.

Because unanimity and confidentiality was promised to all who interviewed with the team, no names have been provided from any data sources. (Appendix B provides a list of institutions interviewed.) Furthermore, while findings were examined and analyzed by country and data source, the team elected to consolidate all USAID interviews and all AED staff interviews each into single findings reports (see Appendix G for Qualitative Findings) to ensure the integrity of the study.

B.   SAMPLING

1.   LOCATION AND SITES

This evaluation was carried out in the Central Asian Republics of Kazakhstan, Kyrgyz Republic, Uzbekistan, Turkmenistan, and Tajikistan. Qualitative sites were randomly selected in each country based on the quantitative sample.

2.   DATA SOURCES SELECTION CRITERIA

A sample of 800 training participants was drawn with the intention of having 400 completed responses. It was drawn paying particular attention to the location of the training and to the relevant strategic objective. Because there were so few US trained participants. all US trained participants were included in the sample (N=231) so that valid conclusions could be drawn. In terms of strategic objectives, approximately equal numbers were sampled of in-country and third country participants within each of USAID's strategic objectives (SO) so that it would be possible to make comparisons. The sampling was also arranged in such a way that participants would be selected proportionally across country and date of training. This was done to allow for a good cross-section across these variables.

3.   SAMPLE SIZE

Quantitatively, the team collected 319 PTP alumni participant surveys, a 39.9% rate of return (319 out of 800). The sampling error associated with a sample of 319 is approximately +/- 5.5 percent with a 95 percent confidence level. The precision of the data within strategic objective and country strata is less within the same confidence level.

Qualitatively throughout the region, the team conducted 36 PTP alumni participant in-depth interviews (9 of those were phone interviews), 8 FGDs (42 PTP alumni participants total). 12 PTP participant organization interviews, 46 TA contractor/grantee interviews. 17 AED staff interviews, and 29 USAID staff interviews. (Appendix E provides further breakdown and details on the qualitative and quantitative sampling.)

SECTION III
KEY FINDINGS

This section summarizes and highlights the key findings of the evaluation team following the research conducted in each of the five countries. The final subsection provides a discussion of the research information collected on the regional perspective and and is presented by USAID/CAR Strategic Objectives.

It is important to point out that the findings from each country are unique and different from one another. The discussions presented below attempt to capture this uniqueness. To lend continuity to the presentation each country section includes a brief introduction followed by general findings on training and what the evaluation team estimates are important training impacts. Each country discussion also contains a brief section on the team's findings regarding training processes and capacity. A synopsis of the most important points is also reiterated. Readers are also reminded that the evaluation team was unable to undertake planned travel to Tajikistan and Turkmenistan due to extenuating circumstances during the evaluation period. Most of the information gathered from these two countries, albeit from similar lines of questioning, was via telephone interviews. Given this more directed form of qualitative research, the team chose to present PTP participant feedback for Tajikistan and Turkmenistan in a structured qualitative matrix. In other countries, where the interviews were face-to-face and much more fluid, the team chose to use a narrative format to reflect the more interactive nature of the discussions.

The majority of the findings presented in Section III are based on the evaluation team's qualitative interviews with participants, their employing organizations. TA contractors/grantees, USAID staff and AED staff. Readers can reflect and compare the country analyses with data presented on the next two pages in Tables 3.1 and 3.2. This information was drawn from the quantitative data – the participant survey information collected and analyzed by the evaluation team. These tables present information on the PTP solely from the perspective of the 319 training participant alumni who completed the questionnaire.

Questions of the quantitative survey reflect the impact that the PTP had participants who attended the training events. This ranges from the simple application of knowledge and skills to more specific impact, i.e. personal and organizational, and internal and external changes that might have taken place. Table 3.1 aggregates responses by country and indicates whether participants felt that the training benefited them in some way and whether they brought about some changes as a result. Specific actions reported by participants as a result of their training are reported in Table 3.2. Readers can examine Appendix F for more details of the questionnaire responses by country.

Table 3.1 Reponses, in Percent, by Country by Selected Quantitative Questions

Question	*AREAS* / *Participants indicated that:*	*Kazakhstan* YES	NO	*Kyrgyz Republic* YES	NO	*Tajikistan* YES	NO	*Turkmenistan* YES	NO	*Uzbekistan* YES	NO	*Overall* YES	NO
1	They improved their skills, knowledge, or understanding	98.0	2.0	100	0.0	100	0.0	100	0.0	98.3	1.7	99.4	0.6
2	The training met expectations	98.0	2.0	97.0	3.0	100	0.0	97.5	2.5	96.6	3.4	97.8	2.2
3	A participant selection process, other than recommendations, was used	98.0	2.0	95.0	5.0	91.5	8.5	100	0.0	96.6	3.4	95.6	4.4
	Participants indicated that as a result of the training they: *												
4	Applied knowledge and skills	98.0	2.0	96.0	4.0	100.0	0.0	97.5	2.5	100.0	0.0	98.1	1.9
5	Carried out activities	100.0	0.0	88.0	12.0	98.6	1.4	90.0	10.0	86.4	13.6	92.2	7.8
6	Introduced content, strategies or improvements in workplace	81.2	18.8	87.0	13.0	90.1	9.9	80.0	20.0	88.1	11.9	86.2	13.8
7	Experienced changes	95.9	4.1	99.0	1.0	97.1	2.9	95.0	5.0	94.9	5.1	96.9	3.1
8	Enhanced organizational capacity	89.8	10.2	94.0	6.0	98.6	1.4	92.5	7.5	91.5	8.5	93.7	6.3
9	Enhanced personal capacity	93.9	6.1	99.0	1.0	100.0	0.0	95.0	5.0	93.2	6.8	96.9	3.1

*Reponses were more specific, e.g. Question 4 - not at all, rarely, somewhat, etc. or Question 6 - strategies, content, management improvement, none. For purposes of this overview chart, actions, changes, etc. have been counted as a "yes" and not at all, none, no changes, etc. have been counted as a "no" (see Appendix C, pages 10-11 for specific questions and possible responses).

Table 3.2 **Reported Action Taken, by Percent of Respondents, by Country (selected responses from Questions 5, 6, 7)**

Action Reportedly Taken	Kazakhstan	Kyrgyz Republic	Tajikistan	Turkmenistan	Uzbekistan	Overall
Developed action plan, individual project, or implementation plan	81.6	45.0	69.0	45.0	52.5	57.4
Trained others	53.1	48.0	56.3	42.5	39.0	48.3
Introduced tactics or strategies	31.3	49.0	32.4	37.5	47.5	40.9
Introduced program and technical content	41.7	31.0	45.1	37.5	45.8	39.3
Introduced management improvements	39.6	41.0	54.9	25.0	35.6	40.9
Transferred skills to colleagues	71.4	58.0	74.3	50.0	57.6	62.6
Introduced or influenced changes in rules, laws, legislation, or curriculum reform	30.6	35.0	25.7	10.0	22.0	26.7
Made oral presentations	34.7	37.0	15.5	20.0	40.7	30.4
Conducted media interviews	24.5	12.0	25.4	12.5	25.4	19.4

A. KAZAKHSTAN

Kazakhstan is a country that poses significant training challenges. Its vast area and greater economic and technical robustness (when comparing all countries in the region) serve as a backdrop for regional USAID and AED offices that oversee the PTP. But there is no dedicated Kazakhstan country office. So, while Kazakhstan is at the center of the training universe in Central Asia, it may actually suffer somewhat from that centrality. Regional training courses may be less relevant for Kazakhstan than for the other CA countries and the offices responsible for regional training activities seem to focus more on servicing the region than servicing Kazakhstan. These challenges appear to have reduced some of the effectiveness of training activities, though at the same time, training appears to be valued tremendously here and there was no shortage of impressive results. The principal point is that there is room for improvement and Kazakhstan is in a good position to lead the way in such efforts.

1. TRAINING GENERAL

Based on research collected, the training situation can be summarized as follows:

▸ Training programs seem to be varied and numerous, but perhaps in too many cases they are not sufficiently focused or concentrated on the needs of Kazakhstan or its institutions.

▸ PTP alumni participants reportedly welcome opportunities for more partnering, but they would like that partnering to be comprehensive, i.e. in all steps of the training process – from needs assessment, to design, to development, to implementation, to follow up.

▸ While AED staff members work on Kazakhstan and an experienced staff member has been recently appointed as Kazakhstan Country Representative, staff members are pulled in many different directions, making it an apparent challenge to focus on the needs of Kazakhstan.

▸ TA contractors and grantees would also welcome more partnering with all stakeholders and would apparently appreciate the opportunity to work on more training capacity building and institutionalization, e.g., in Kazakhstan institutions.

▸ USAID reports that training is transitioning from the more general to the more advanced so it could be that some of the critique from participants that we are encountering in Kazakhstan is a lag effect, since we were examining the past five years.

"...(things around us) are changing because the world is not standing still...we must change as well...we use these experiences and opportunities for change to find a way to better our situation."

Examining findings from the evaluation team reveals several present gaps and highlights the opportunities that these gaps present.

There seems to be a general agreed upon sense of what training is and the need for training. PTP participants defined it as a broadening of oneself and one's skills, transferring new knowledge and giving and practicing examples of application, as well as learning specific things that help carry out a project and understand project activities.

"You can learn from books...but it is important to see it in action..."

While for the most part implementing partners agree with this, there was one addition. Most implementing partners interviewed felt that training was just *"something that gets the job done."* There appears to be in Kazakhstan a particular impatience to translate training experiences into action as in *"everything was important, I use my skills on a daily basis,"* and to learn how others tackle similar problems *"it is very important for us to learn how problems are solved in different countries and it also creates networks."*

2. TRAINING IMPACT

I was a prisoner of my own mind; the training program changed who I am.

PTP alumni participants cited numerous benefits to training activities. Training has reportedly encouraged many PTP alumni participants to be more open on the job, be more professionally

confident, and feel more comfortable with work responsibilities. Many reported trying new approaches to old problems, working more closely with organizational counterparts, and searching for greater avenues of communication. Still others wanted to increase topical understanding, broaden viewpoints on organizational issues, redirect and focus activities, change perceptions and perspectives on looking and solving workplace problems, change their way of thinking and how they go about their work, and adopt new practices in training and working.

"Training has helped me smile 'more'; it has made me more relaxed as a person on the job..."

The most significant attitudinal changes seem to have come from US-based training where the evaluation team did encounter some reported "about-faces" that have occurred as a result of the training experience and encouraged significant changes in their local program activities and even their desire and ability to be "their own bosses."

"This (the experience) was an emotional explosive for us...learned new dimensions and new directions...impressed by self-made man..."

As previously mentioned, while training impact seems to have been less widespread and copious than in other Central Asian countries, there are, however, some significant examples of training (see Appendix H for Success Stories) impact. Most notably, PTP participants report as a result of their training experiences:

▶ Providing training to others using new techniques and methods learned:

▶ Working to change tax administration laws;

▶ Increasing cooperation with authorities – *"they gave us free space and reduced tariffs..."*

▶ Creating new systems and adapting the old ones;

▶ Delivering conferences and several workshops for collegial NGOs:

▶ Opening their own organizations and centers; utilizing the organizational, managerial, and financial training in old and new positions and organizations:

▶ Meeting and sharing training materials and discussion bi-annually with colleagues:

▶ Implemented new evaluation methods for health insurance companies: and

▶ Introducing new treatment protocols.

3.   TRAINING PROCESS AND CAPACITY

One of most commonly heard "complaints" among PTP participants and implementing partners alike was that those interviewed feel that *"USAID and AED have stretched themselves thin"* in Kazakhstan. Apparently both have done so in different ways. USAID has spread its training support money thin, and AED has spread itself and its staff thin in providing training support. The double effect of this "being spread thin" is viewed as an impediment to training development and it seems to be taking a toll on the training process in various ways, in particular on training quality, training capacity building, and training results.

"...gives them (participants) a piece of cake, but leaves people hungry for more...they (participants) should be allowed to finish the job...get the training or trainings they need to do the job."

After interviewing participants and listening to focus groups in Kazakhstan, it appeared that there was on the whole more critical feedback about training than we experienced in the other four countries. As in other countries, such criticism addressed the content of training, duration (too short), inadequacies in the trainer or training materials, lack of practical work and the unevenness among the participants themselves in terms of skill or knowledge level. The difference here was mainly in the greater prevalence of that kind of feedback.

The evaluation team pondered this difference and have discussed it with both participants and technical contractors alike. It appears that it may be linked to the more advanced economic conditions and technical levels in Kazakhstan. The team was repeatedly queried about more specialized and more technical training, e.g. in economics, finance, business and health fields. However, for the most part this criticism was well intended and did not tend to dampen the enthusiasm of the participants for the training experience on the whole. Within government organizations visited, there also seemed to be an organizational culture to require participants to share their new knowledge through seminars, reports and presentations. *"Organized training courses after conferences or training is standard practice."*

A surprising number of participant alumni reported that trainers were not well prepared and in many cases were not sufficiently skilled and specialized in the training area to provide participants with the knowledge, skills and materials they need. As well, it seems that the level of the training materials and content is often times below where the participants are and what they need, *"trainers often underestimate our level of knowledge and experience."* Reportedly, training design a few times appears to have been done too rapidly and without out concerted efforts being placed on application *"have trainers here to learn more about our situation, laws, etc.".* Those interviewed articulated a willingness and desire to assist with these design issues to the betterment of the training activities.

"Don't just rely on yourself, cooperate... it should be give and take.."

Furthermore, PTP alumni participants and their organizations also expressed a frustration that training programs didn't appear to reflect their needs, but those only of the project activities of implementing partners. Again, the emphasis was on their involvement "before the fact" in needs assessment and design, not only for the potential capacity-building of their respective organizations and institutions, but also for the increased potential for positive, longer-term results.

Another process and capacity concern raised by PTP participants and implementing partners encompassed participant selection and its impact on training quality. Foremost was the apparent disruption and ineffectiveness of "last minute" selection. PTP alumni participants sometimes having no choice in attending because they were selected a day or two prior to the training, and often times only minimally involved or connected with the training content in their workplace. Some said they had no choice but to attend as they were "appointed." And while it seems they have made the most of the training opportunity presented to them, they did not feel that this was the most effective use of training resources or time. Additionally, implementing partners

expressed the same concern over last minute requests to find candidates for slots, noting that often times such rapid selection is wasteful and has no direct relevance to their goals and objectives.

The final major concern, while not expressed by PTP alumni participants, but by implementing partners, does appear to have an impact as well on the participants' ultimate training activities. Implementing partners felt "unclear" on processes and procedures of how to access AED support, citing that numerous staff turnovers necessitate ongoing orientations or a "process" orientation package that is simple and straightforward. (It should be noted here that of all the TA contractors and grantees interviewed regionally, the team came across only one staff member in one organization who seemed aware that the procedures binder existed. And even in this instance the staff person felt that this binder was too onerous, didn't cover the process adequately and often required that "you read between the lines" – see Kyrgyz Republic Key Findings Section).

When one examines the tremendous scope for training activities in Kazakhstan, it can be seen that several avenues offer relatively unexploited opportunities. These include:

▶   Establishing a local, skilled cadre of trainers for use in Kazakhstan,
▶   Effectively partnering with local institutions to build capacity and sustainability of training programs, and
▶   Working with all stakeholders to enhance the short-term quality of the training programs and the long-term impact of training activities.

"We welcome the opportunity to work with implementing partners (AED, TA contractors) in assessing our training needs and developing training responses."

B.   KYRGYZ REPUBLIC

During the last ten years the government of the Kyrgyz Republic has generally been responsive and open to new ideas and change allowing it to be on the "cutting edge" in the general development context. This has also meant that donor groups have been more readily received and they are active throughout the country. For training programs TA contractors/grantees, USAID, AED, and participants all commented to the evaluation team on the number and variety of activities on-going or planned in the country. It appears that there is some duplication in areas being covered, some overlap in skills training being offered and often a "pool of potential training participants" that is relatively small. This may mean a "competition" among donors for training participants and/or at the very least having a significant number of participants who attend more than one, or a series of training events.

1.   TRAINING GENERAL

Training in the Kyrgyz Republic is sophisticated. It was not always so and participants interviewed by the evaluation team were very aware of the evolution of training in their country: *"At first training events provided interesting information, but it was often too general to be of (direct) use."* Then, there was in interim period where the information and skills became more relevant. And now *"... people desire more information that help them achieve quality*

improvements ..." and also a recognition that *"... training has helped the sector move significantly in the direction of providing improved quality of services ..."*

The findings of the evaluation team also included the realization among participants' organizations that the training events *"... allow us to bring in international procedures and standards which are usually different from our own."* The organizations told the evaluation team that this did not mean that this new knowledge, or these new skills, would be immediately adopted. Rather they would be compared to their own and adapted where they made sense.

Kyrgyz participants as a group appeared to be very aware that the changes in training opportunities over the past several years also means that opportunities for them as participants also have changed. Being a participant at a training event has made them more aware of what others in their professions are doing. Their interviews seemed to indicate that there was often more of an emphasis and desire to share knowledge and information with their colleagues within the region, to learn how they were grappling with and solving problems that were more similar to their own.

Training participants who attended more than one training event in a sector also felt that *"... trainings have been more and more progressive and built on one another and previous trainings."* Moreover, comments such as *"... the quality of trainings has improved and the quality of the material being shared has also been upgraded ..."* reported to the evaluation team is indicative of positive trends of making training more responsive to participants needs. The interviewers also heard on numerous occasions that trainings in the country now have a better balance of theory and practice. One participant stated, *"Before it was all theory, now the practical applications are gaining significantly in importance."* In terms of training content, it appears that the training providers are offering information that is more apropos and useable to the participant.

The evaluation team found that providers, funders and implementers of training in the Kygyz Republic in general felt that training events today are not only more numerous, but are also usually being managed more effectively. They agreed with participants that training is becoming more targeted and trainings that address more technical subjects are increasing. One contractor noted that they *"... have worked with more and more sophisticated audiences with subject matter that is now tightly targeted."* And in the health sector the comment that there is *"... more of an effort to obtain quality improvements for service delivery in trainings..."* is also indicative of the improved and increased skill base of training participants.

Under the PTP/START contract, TA contractors and USAID staff working in the country reported that there is also an increasing awareness of accountability surrounding training program planning, participant selection and training follow through. One person noted, *"There is more process and dialogue now, before it was just 'sign and submit'."* Despite these positive trends the evaluation team also heard from all the implementing parties that designing, planning and implementing successful trainings continue to be a challenge in the country.

2.   TRAINING IMPACT

"Every training is different and individual – therefore to be effective the training should be carefully tailored."

Many participants expressed this sentiment to the evaluation team when training impacts were being discussed. Trying to 'please all of the people, all the time' is also next to impossible. But Kyrgyz participants did consistently point out that that if training is to be useful and have an impact there has to be significant dose of practical elements being introduced, discussed and practiced, preferably with a "hands-on" activity. As several participants noted, *"It has to be up to date."* In one training, a training participant alumni told the evaluation team that *"... though the 'purpose' of the training was good, the system being used was old"* and that the trainers were *"using an old computer program, one that was no longer used in the Kyrgyz Republic".*

Several of the training participants organizations interviewed pointed out that the training is much more effective when the information the participant brings back is practical and that it can be discussed and shared among colleagues. Others remarked that trainings for their employees *"help us to improve ourselves"* and *"help us to develop our own (training) programs".*

Participants reported on many of the direct changes that resulted from their training. These ranged from very broad understandings of international standards and their applicability in the participant's workplace to more specific, concrete actions such as establishing a telephone hotline that improved the immediate quality of patient care at a health institution. Some reported activities of a civic nature: *"helped to bring about legislative policy changes in the health sector"*, and *"helped to draft amendments that helped new local governance rights to be adopted".* And others used their new skills in technical areas to improve their own training programs and techniques they employed in their workplaces.

The evaluation team's discussion with participants found positive impacts of the PTP in all sectors in the Kyrygz Republic. None, however, seemed to match that of the roundtable discussions that are taking place in the capital and in oblasts throughout the country. Usually, using a co-financing arrangement between AED and a contractor/grantee, these "training" events have been used with significant success in the health, democracy and media and enterprise and finance sectors. (See also Success Stories appended to this report.) In the health sector a roundtable discussion was organized for parlimentarians and health officials to discuss issues about the health reform process in the country. It was a guided discussion that allowed the key stakeholders to share their views and come to a common ground. It resulted in an increased awareness of health issues and also proved to be an important event that moved health reform forward in the Republic.

Similar successes with roundtable formats were reported by participants, contractors/grantees, USAID and AED for other sectors. Several participants also reported that roundtable discussions are also being used to raise awareness and to discuss issues in other oblasts elsewhere in the country. This use of PTP training funds appears to be having a significant impact in the Kyrgyz Republic.

Data collected with the quantitative survey reinforces the impact of PTP training that the evaluation team heard about in the country. More than 50 percent of the respondents felt that the skills and knowledge gained from the training was used "regularly and routinely" and an additional 30 percent said they used the information occasionally. More than 90 percent felt that their training had a positive impact on their organization's capacity to do its work and almost 98 percent of the Krygyz respondents stated that it had enhanced their own capacity to do their work.

Reporting on impact several TA contractors/grantees noted as one did that *"AED is significant in its assistance and ability to help fill training gaps"*.   As a group they often stated that AED training funds have helped them:

▸   Provide greater outreach allowing participation of groups that heretofore were not included;
▸   To be more flexible, giving a custom fit to trainings;
▸   To transfer critical skills in real settings; and
▸   Contribute to a greater regional awareness and comparison of the skills and practices of others in the CAR.

As elsewhere in the region AED reports that impacts can be improved with greater attention to the training design and planning of the training events that they help implement with TA contractors/grantees. The Training Activity Request Form (TARF), newly implemented under the START Task Order and two pages in length is called the "ticket" for the training planning exercise. AED believes that by paying more attention to (thinking about) the information requested on the TARF the contractor grantee will design and plan for a better training event, and one that will have greater/better impact on the training participants and their organizations. In the Kyrgyz Republic the evaluation team noted that there were considerable efforts to make TARF users aware of their value.   Following interviews with USAID staff and contractor/grantees in Bishkek it appears that there is still confusion on the part of many about how the process works and, in some instances, whether there is an interest in making it work.

3.   TRAINING PROCESS AND CAPACITY

"... putting things into practice takes time, often an indefinite period ... and the skills and experience often have to be adapted before they can be adopted."

Utilizing information obtained through a training event, as one PTP alumni's organization noted above, is often a significant challenge. Participants and AED staff in the Kyrgyz Republic both commented that recruiting and selecting candidates to participate in specific training events is critical to the actual needs of the organization and to the design and planning of the training event. Another participant added that attendees needed *"... to have sufficient background and the necessary skills to make use of the training"*. Another reported that he *"... had no expectations because I was notified that I was a participant only two days before the training."* In an equally important area, the evaluation team heard that AED's ICI program, though follow-funding to participant alumni, is helping to organize professional organizations that will in turn build capacity and assist with additional transfers of knowledge.

Participants, TA contractors/grantees and AED all reported to the evaluation team that the process of selecting participants is a critical step in the training process, and ultimately is having an impact on the individual trained and building the capacity of his/her organization. While recognizing this the evaluation found that the criteria for recruiting participants seems to vary widely, is often not necessarily transparent, and in many instances seems to be done at the last minute and perhaps as a favor in others.

AED staff expressed a desire to be brokers in the selection process. While TA contractors/grantees sometimes welcome this potential role others seemed to be vehemently

opposed to any involvement by AED. One reported that *"AED management has forgotten that it is providing a service and that..."* the TA contractor did *"... not want to feel like they are being second-guessed by AED"* during the selection process. Others, both TA contractors and USAID staff in the country felt the *"process is still murky"* when speaking about the training design and participant selection process.

Staff turnover in AED and also among TA contractors/grantees and partner organizations as well also appears to have frustrated the capacity of these institutions to function and communicate effectively with their training events. AED staff and TA contractor/grantees reported to the evaluation team that they desired and needed to be more effective at keeping each other informed.

In summary, several elements from the evaluation team's assessment of the PTP in the Kyrgyz Republic stand out. These include findings illustrating that:

▶ Participants appear quite knowledgeable about their training needs. They recognize that each training event needs to be tailored. For planners and implementers this means not just the content, but also careful assessments of the potential training audience and its organization, careful trainer selection and respect for participant's capacity to absorb the information and to discuss it among their peers at the event.

▶ Training should be practical in nature. Participants indicated that a theoretical grounding is necessary, but practical, especially hands-on, training is more readily used and adaptable to their working situations.

▶ The participant audience in the Krygyz Republic is sophisticated and that they also recognize that successful training events often build on one another. This spells an excellent opportunity for AED's In Country Initiative where follow-on with participants provides greater impact and spread of training information.

▶ Roundtable venues have proven very successful in this country. They can be used across all sectors and at numerous governmental and institutional settings. Relatively low-cost, they provide excellent opportunities to exchange ideas, promote discussion, increase awareness of issues and help to initiate action plans for next steps.

▶ The START process for initiating, planning and implementing training events appears to still be "murky" in several quarters among USAID staff and TA contractors/grantees.

C. TAJIKISTAN

Tajikistan, historically behind the rest of the Central Asian Republics in most development and economic areas due to the challenges of a post-civil war society, appears to be the forerunner in the AED/PTP. From all accounts:

▶ Training programs are innovative by Tajik standards and enable local stakeholders to better perform their jobs and train others in the same practices:

- PTP alumni participants bring new ideas and new skills to their work and oftentimes it seems start their own businesses or NGOs or implement something new when they return from a training workshop – whether US-based, third country or in country;
- AED staff is well connected to the community and understand its needs;
- TA contractor/grantee community is responsive and integrated; and
- USAID encourages and supports local involvement.

There is a Tajik adage *"first time we come together we are acquaintances, second time we come together we are friends, the third time we come together we are relatives."* And this is the approach that Tajikistan appears to be taking toward training with very positive impacts. The hallmarks of the training in Tajikistan seems to be relationship building, network creation, active listening to the local stakeholders, i.e. government, institutions, and participants, openness to new ideas and techniques, and effective use of training locations and non-traditional training forums to promote training and follow-up to training.

1.   TRAINING GENERAL

While an enabling environment for training and development does not yet to appear to be fully in place, the eagerness and desire to learn and grow and enhance activities seems to be there, thus allowing PTP alumni participants to gain new experiences, knowledge, and skills and put those into practice when returning to the workplace. The majority of stakeholders – participants, AED, TA contractors, and USAID, agrees upon the general definition of training as a process or activity to provide knowledge, skills, and experience.

"Training should facilitate learning overall and create a higher level of awareness."

This common understanding seems to have allowed "training" to take on a broader context in Tajikistan. This broader context has allowed for what appears to be a unique use of varying forums, e.g. roundtables, conferences, and seminars to promote training ideas, change attitudes that could be detrimental to upcoming training programs, and discuss follow-on ideas for past training programs. In short, these events create networks and build relationships that produce the enabling environment needed for progress in specific areas. Furthermore, AED and its implementing partners seem to have developed an effective three-phased approach to training that utilizes US-based or third country training, with regional and in country training. This approach capitalizes on and integrates the benefits of each location and links the training process to the maximum benefit of PTP participants.

2.   TRAINING IMPACT

"Following my training... I established a conflict resolution department in the local university...since that time 16 NGOs have been established in this field and we share our experience and all of our materials..."

Reportedly, conflict resolution curriculums have been changed. In addition trained nurses are training practicing nurses, business manuals have been published, new training methods are being used, and participatory interactive methods (which appear to be quite popular) have been incorporated on a regular basis into most training programs and forums. Legal brochures and articles written with local NGOs have been written and widely distributed. Several hydromet

stations have been restored and computerized programs were *introduced in the* hydromet facilities. Follow-up training workshops on SME capacity-building are being conducted and a new conflict resolution department was established (see Appendix H for more Success Stories). Most of the PTP alumni participants report feeling energized, confident, more communicative, and self-assured as a result of the training program in which they participated. The following table further details benefits they identified, impacts that they felt resulted from program and possible suggestions for changes.

"All our trainers in our center have been through this nurses' training and they accept things with more excitement, feel more relaxed and confident in their jobs and have more self-esteem."

Table 3.3   Synthesis of Tajikistan PTP Alumni Participant Responses (4 of 5)

SO/Training Attended	Benefits Identified	Reported Results	Suggestions
1.2/1.3 SME	• Shared experiences with other professionals • Helped in finding a new and better job • Learned methods of training	• Developed short-term education program • Organize business courses • Consult and assist others to prepare business plans • Presented my experiences and knowledge to colleagues	• Provide more practical exercises and practice • Open selection process and allow more people to participate and compete • Bring actual business persons in to share and train • Provide references materials for reading only, not presentation
1.6 Hydromet	• Observed the way things are done in other countries • Learned computerized training	• Regularly train colleagues at the station • Restored 6 stations, plan to restore the remaining stations • Taught staff in computerized training	• Increase the length of training (3-5 days insufficient) • Know your participants and teach them things that they need • Bring in specialists and ensure that the same trainers follow through on the program
2.1 NGO Development	• Learned new techniques • Improved organizational reputation • Gained new training methods • New materials • New contacts • New attitude towards my work	• Changed mentality of officials with whom work • Train and work with other NGOs • Became more confident, communicative, and successful • Published a manual to help others • Use role-plays successful at many different forums	• Open the selection process and allow more to compete for training positions • Hold more trainings locally so that more can attend and benefit • Use combination of local and international trainers locally to enrich the experience
3.2 Family Medicine Nurses Training	• Exposed to and learned new, interactive training methods • Worked with and learned from other similar professionals • Overcame my shyness and lack of confidence	• Train other nurses regularly • Won a grant to conduct other nurse trainings • Promoted to Director with more responsibilities • Train nurses to train other practicing nurses	• Consider opinion and viewpoint of audience – avoid being one-sided • Do more training at regional level so that we can learn from each other • Include other CA country participants in our local trainings

3. TRAINING PROCESS AND CAPACITY

Reportedly AED has greatly supported and improved the training process in Tajikistan. Many of the activities that have taken place appear to have been possible only due to AED's flexibility.

"AED is invaluable...its ability to program money in an 'unprogrammed' environment is significant..."

However, as can be seen by the suggestions offered by PTP alumni participants, while the benefits and impact appear to be impressive, there are improvements needed in the training process. These suggested improvements are supported by a majority of AED staff, TA contractors/grantees and USAID staff interviewed in Tajikistan. Additionally, it would seem that other process areas still pose a challenge:

▶ *Development of participant accountability.* Most implementing partners interviewed, i.e. AED, TA contractors/grantees and USAID, feel that participant accountability is key to successful training follow on. They indicated that not only could accountability better enable participants to make best use of their training opportunities and experiences, but should also allow participants to better direct their efforts when returning to their workplace. There was also agreement that this participant accountability is not solidly in place.

▶ *Determination of training results.* While most of the PTP alumni participants indicated that impact ensued from their training workshops, it seems that these results are not necessarily a pre-determined, desired result of the training workshop. They seem to be more dependent on the initiative of the participant. Workshop outputs may well be effective in the short term. However, for the longer term, implementing partners agree that support of desired participant results could be more effective both for the participants and the desired sector impact if they were developed prior to training and done within his or her organization. Most agreed that planned results could significantly improve the quality of the training workshops, i.e. training to produce very specific results. Such plans would be more likely to encourage follow on activities.

▶ *Participant selection.* While it appears to be improving, there seems to be some tension during the selection process. As one TA contractor stated *"we understand that AED has its own requirements, but we must sometimes compromise and that is not always apparent to others."* This tension seems to be further complicated by political necessities that are still evident in Tajikistan. All stakeholders seem to appreciate the need for a more stringent selection process. However, there appears to be some disagreement among implementing partners as to how to ensure this stringency doesn't impede longer-term impact. Most implementing partners appear to agree that participant commitment is an essential criterion for selection, but that it can be decidedly difficult to identify and maintain. There seems to be further agreement by implementing partners that a partnership with AED in determining and executing these criteria would be productive. Moreover, it seems that AED has the capacity and institutional memory and history to effectively assist in participant selection.

▶ *Early and full involvement of local institutions and counterparts.* PTP alumni participants expressed the need and appropriateness of participating in designing the training programs to meet their needs and the needs of their organizations. This was supported by all of the implementing partners. AED seems to have established a good track record to date in attempting to involve local stakeholders as often and as much as possible. However, implementing partners reportedly recognize the need to do this more consistently, routinely and as early as possible in the needs assessment and design process. It seems that the networks created by AED could facilitate this process and that the relationships it has built could support this more intensive pursuit of involving local stakeholders. Furthermore, it seems that AED's historically strong use of non-traditional forums like roundtables to "train" could be considered as a further vehicle to initiate and maintain this sort of involvement.

"We (participants) have very good ideas based on real life problems... working with us...will have significant impacts and results."

D. TURKMENISTAN

1. TRAINING GENERAL

Turkmenistan is something of a special case in which, although high impact results from training are limited due to major constraints, training still plays a crucial role in attainment of USAID objectives. The training emphasis is on building for the future in all four USAID Strategic Objective areas and is actually achieving important breakthroughs in those cases where government support is either apparent or not required, e.g. in the health sector and assistance to business. So while the challenges are great, it is also clear that training is one of the areas in Turkmenistan where it is possible to open new pathways of understanding in most SO areas and link these with specific results on a target of opportunity basis.

We are here in an information vacuum. We don't know what's happening in the world.

The USAID role in participant training may play a more critical role in Turkmenistan at this time than ever before. For health workers, civil society proponents and for government officials themselves, the PTP/START program provides a window to the world.

In the course of the evaluation, it was not difficult to identify areas of success owing to the PTP program. Neither was it difficult to identify ways in which the program could be improved and strengthened, especially in the face of such problems as overcoming official obstacles, finding relevant trainers and programs for Turkmenistan and coping with new US and national government visa issues.

One thing that emerged clearly, is that AED appears to be doing an excellent job in its training role -- providing procedural, logistical, planning and perhaps even to a fault, due diligence, to the training programs it assists. One hears quotes such as:

▶ *There has been a real upgrade in capacity at AED.*
▶ *We all work together with AED. We work very closely.*
▶ *AED wants to see some results, not just that information was transferred.*

▶ *We have a very positive feeling about the way AED performs. They pay attention to all the details.*

▶ *AED has the best approach for selecting participants. The process is long, fair and transparent.*

However, there is some feeling that AED can at times be overly aggressive or rigid when it comes to the due diligence role. This comes up, for example, when demands are made of participants that the participants are incapable of fulfilling because they are not well versed in written communication, or simply don't know how to write a strategic plan/action plan. When these are the best candidates for the training program, despite their lack of specific skills, some quarter could be given or supplementary training provided to the participant.

2. TRAINING IMPACT

Interviews with randomly selected participants from each SO were encouraging and revealing. All had positive things to say about training as a concept and linked it with gaining knowledge and sharing experiences. Table 3.4 below summarizes some of the key points from these interviews.

Table 3.4   Summary of Results from Turkmenistan Participant Interviews by SO

SO/Training	BENEFITS	RESULT	SUGGESTIONS
Democracy and Media/US legal training plus AED conference in Kyrgyzstan on street law.	Increased legal skills Gained confidence in making presentations and speeches.	Developed curriculum Conducted training in rural schools with fellow conference attendees.	Cooperate more with other CA R countries in education and experiential exchange.
Water and Energy/Seminar on Ecology of the Sea	Gained knowledge of how other countries work in this area. Received good, easily understood handouts.	Made good contacts Shared the information with others in the department.	Ensure American trainer has needed knowledge of specifics. Prepare trainers better.
Health/Seminar on Hepatitis B.	Learned new method of diagnosing and treating Hepatitis B. *"Very, very useful for us."*	Changed and improved diagnosis and treatment of hepatitis B (no longer cure in same unit as primary infected)	Increase training in the health field Increase for rural population that doesn't follow good hygiene practices. Expand training length (3 days not long enough
Business and Finance/ International Conference of Oil Industry Engineers in the USA plus University of Texas visit.	Took two students. Compared US and TU teaching methods. Found very informative commonalties in scientific areas.	Applied knowledge gained Shared Department of World Achievement Studies of Turkmen Polytech. Went (students) to Almaty and shared new knowledge with a student society there.	Establish specific training tasks Select participants who are qualified to fulfill these tasks Have full information available for the participants.

Except for the health example, the impact or results are modest and take place in a limited sphere of influence, but there is spread in each case and there is a sense of building for the future. As one knowledgeable training official put it, there are four levels of impact from training events:

1. Participant reaction, i.e. attitude change, opening up the will and desire to change, commitment,

2. Meeting training objectives, e.g. getting skills to build NGOs or develop business plans for small business,
3. Changes in the quality or quantity of work, e.g.. implementing a business plan, and
4. Changes in organizational or unit performance, e.g., old practices change.

This training official suggested *"Level 1 is a good target and sometimes Level 2. but given the current environment in Turkmenistan, it is reportedly difficult to get at Levels 3 and 4."* However, another way to look at it is that this is a behavior change continuum and you have to achieve 1 and 2 before you can reach the deeper levels. This seems to be the foundation or underpinning of the training program in Turkmenistan. Moreover, there are examples of successes that do appear to move down into the more significant levels of result, i.e. Level 3 and 4.

Here are several examples that the evaluation team came across during its assessment. (Success Stories in Appendix H also provide additional examples and details.)

▶ Micro-finance is very important in Turkmenistan, but it was maintained that the Central Bank was unwilling to support or discuss the issue. An AED-assisted program organized a roundtable at which Bank representatives were committed to answer questions from small business representatives. The meetings became regularly scheduled and now the Bank is working in support of micro-enterprises.

▶ Hepatitis vaccine for newborns was gifted to Turkmenistan in 2001, but the vaccine sat around for a half year until nurses got "how to" instructions through an AED-assisted training program.

▶ A forum was sponsored to bring together hundreds of entrepreneurs and the central government to discuss the issue of taxation. The government relaxed some taxes as a result.

▶ A four-stage certificate program on critical thinking was conducted for 25 professors under a fee-for-service training contract with AED. Now, four of these professors have been selected and qualified as trainers to train 100 more professors beginning in June 2003.

▶ There is an apparent growth of NGOs in Turkmenistan as a result of training on how to establish, lead and sustain NGO organizations. AED receives many applications for ICI funding from these groups.

There are challenges as well. Note in the matrix above and in the quote below. the American trainer in the environmental session was thought not to have the specific technical information the participant required. *"The seminar was done by an American specialist who I think was not competent enough. They had a general understanding but not the specifics."* This is not uncommon. The evaluation team was told about professors from University of Connecticut who were brought to Turkmenistan to discuss health issues. Apparently they spent 90% of their time discussing philosophy, leaving participants puzzled and disappointed. Unfortunately, the evaluation team found ill prepared trainers, both expatriate and local, to be a common phenomenon in the region and one addressed in this report.

3. TRAINING PROCESS AND CAPACITY

Interviews with participants, USAID, AED and Technical Assistance contractors and grantees led to some important observations about the training process. Some of these are captured in the regional discussion (Section III.F), but those most relevant to Turkmenistan are set out below.

▸ The training process in Turkmenistan is hampered by the need for government approval after TRs are USAID approved, then the GOT approves or disapproves the TRs coming from USAID. On average, about 15% of these reportedly are turned down in SO 1.3, 1.6, and 3.2, whereas 50% of Democracy and Media (SO 2.1) requests are turned down.

▸ US J-1 visa three to four month lead time requirements combined with national visa limitations introduced on March 1 of this year, make US and even third country training much more difficult to arrange. However, there seems to be a growing feeling that in country programs make more sense for Turkmenistan in any event, especially as efforts are made to move programs such as AIDS prevention, blood safety, family medicine, small business development and business associations to the local level. This could also stretch the limited training dollars available for Turkmenistan, according to some informants.

▸ As in-country training becomes more the common practice, it is all the more important to insure that time and resources are included in training requests for adequate preparation of trainers, training materials and interpreters. Advanced work with interpreters is especially important in the health field where poor communication can be life threatening. Further, it was suggested that perhaps some of the CIS countries advanced in transition would have useful messages for Turkmenistan and are as yet an untapped resource for trainers.

▸ There seemed to be a feeling among those queried, that there is too much training of the same people. There is a need to find ways to get beyond the cadre of people who have taken up so many of the training opportunities. A combination of closer work with stakeholders at an earlier stage of the process, some form of written commitment to perform, AED's due diligence and selection procedures and a transition to more in-country training could help alleviate this problem. This is an effort that should be monitored closely by AED and USAID.

▸ Turkmenistan has good seasonal weather and good venues. It is not a stretch to promote Turkmenistan as a CA region third country training site, especially in the colder months. This would also serve to provide Turkmenistan with the exposure to other countries it will be losing as it transitions to a much greater focus on in country training.

▸ AED, USAID and TA contractors/Grantees need to put more emphasis on follow-on. AED reports that they have contact with only 30% of their participant alumni. ICI resources can be a critical resource for these activities and a good case can be made for increasing ICI funding for Turkmenistan. This would help build out from the foundation of younger participants and would offer the kind of flexibility that is needed for targets of opportunity. Some argued that this flexibility might well also be applied to flex between SOs to facilitate taking advantage of targets of opportunity.

E.   UZBEKISTAN

With participants throughout Uzbekistan, in every sector, and with USAID and TA contractors alike there appears to be a high value placed on training and the impact it can make. Positive attitudes toward AED, and the changes AED has made in the transition from GTD to START, run high. The team found the AED staff to be well seasoned, insightful, and possessing an open attitude in dealing with and adding value to the work of TA contractors and grantees. The collective experience of the AED staff is impressive and is a resource that many TA contractors and grantees have not yet fully tapped.

1.   TRAINING GENERAL

Training, as a catalyst in society which does not so much direct a certain reaction, but which unleashes creative initiatives and actions, appears to be firmly established among participants and programming staff alike in Uzbekistan. There are numerous attributes of training that the evaluation team observed here.

"... participants in training already know something and they want to add to their base of knowledge by working with their colleagues ..."

Training as a Continuum. There appears to be widespread recognition of the role of training as a means of bringing about change, not as an end in itself. AED staff, TA contractors, USAID, and most importantly the participants themselves were readily able to site the relationship of training to the initiation of new actions and initiatives in their work places and in society.

Participants reinforced that they do not arrive at training programs as empty vessels, but that they bring their experiences to the training program as well. The opportunity to exchange knowledge and information with their colleagues appears to be highly valued by participants. Participants recognized the obligation they assume to develop their participation in training programs into tangible action plans and actions.

On several occasions the lack of training resources and mechanisms institutionalized within government and society in Uzbekistan was sited as a deficiency. Direct comparisons to the Soviet era were made, with recognition that training does not hold the position it once did. This awareness on the part of the evaluation team led to a line of questioning which asked key informants to compare former training initiatives under the soviet system to the position of training within society today. The institutionalization of training, i.e. having "training colleges" for nearly every profession was a strength of the old system. There are remnants of this system still in place, and this should be kept in mind as points of entry and means of expanding the impact of and institutionalizing training are investigated, e.g. this is the approach (using something that is already in place) being taken by PA consulting in their water management program.

Participants view training and the network of USAID supported organizations as a continuum of professional improvement. This does not appear to be foremost in the mind of USAID, TA contractors, nor AED. Participants see their involvement as an important initiative in their development, then they are surprised that USAID never fully taps them in future activities. The team often heard comments such as "no one ever asked me what I was doing after the program",

"why didn't you use me", "why didn't you call on me", "aren't l a graduate of your program, shouldn't you be interesting in what I am doing", "l could use assistance, but I don't know who to contact".

The market for training services in Uzbekistan appears to be far from saturated. While possibly some individuals have been "over trained", the evaluation team cannot make that statement for any of the sectors in which USAID is working in Uzbekistan. There is a pointed need to train policy makers in several sectors, finance and economics, and those key advisors who influence policy makers.

The new interactive nature of training in comparison to traditional educational approaches is highly appreciated and being incorporated at all levels of society, from NGO groups working with government officials, to university faculty members, to SME organizations and activities.

"There are four steps: 1) gain knowledge, 2) exchange ideas, 3) master planning skills, 4) learn new training methods useful in conducting training programs for others..."

Training as a Professional Process. The team heard creative approaches to training and approaches to ensure that participants return from programs prepared to implement changes and train others. The skills of trainers were rated as a very important factor in the success of a training program. Participants related that the effectiveness of training is based on the trainer's personal aspects and qualities as well as knowledge of the technical material.

In one instance a supervisor utilized the return flight from the U.S to sum up conclusions with her colleagues and propose how applications of the training could be made. On return to their work site they actually institutionalized the concept of family practice health care in their Oblast and greatly influenced the Ministry of Health along these lines. In another situation a detailed description was offered of how training is brought back to an organization: 1) colleagues are pulled together to discuss new concepts encountered, 2) the participants in programs are required to make a presentation for their colleagues, 3) the audience is given a month to process this information, then is asked for feedback.

"During training people get closer together, they develop new friends, and in this way they can develop new ideas. If this happens, they can then develop their ideas/projects on a national scale. During trainings people meet and come to grasp that they can realize real projects"

The Desire to Form Associations and Lobby for Change. Throughout Uzbekistan, and cutting across all USAID program sectors, former participants in USAID sponsored training programs were eager to relate how they were working together with their colleagues to develop professional, business, academic, and social associations. In a society that is more totalitarian than democratic or representative in nature, the fact that free association appears to be an assumed right of people seems to be incongruous. However the impetus which training provides for former participants to create and develop new associations seems to be very strong. There appears to be a high value placed on the concept of "associating" in all of the strata of society examined through this evaluation process. The evaluation team also observed that participants appear to have the confidence in both personal skills, and in the rightful place in society of the role of associations, and to continue with their civil society initiatives.

The openness and eagerness to develop associations holds several implications for training. Firstly, the desire and ability to convey to others what was gained through participation in training initiatives is very strong. The team witnessed the development of NGO associations. medical associations, credit unions, and social services organizations.

"I have never seen this happen before, the local government leaders participated in the NGO meeting, and we got real work done. Usually we NGOs meet together and fret about how we will take our ideas to government, but we found that they were very willing to work with us when we took the time to invite them"

Integrating Local Government Leaders into Civil Society Initiatives. Years of investment in the NGO sector have certainly been effective in developing a cadre of civil society proponents throughout Uzbekistan. Although the case was made by several participants that NGO initiation activities has run its course (the evaluation team was not charged with evaluating individual programs however), it is obvious that a huge effort in creating civil society organizations has occurred (in one NGO office one of the leaders in the organization had 22 training certificates for participation in USAID programs hanging on the wall). In this mix of civil society activities, it appears that local governments have been left out of the equation at best or actively ignored and avoided. NGOs appear to have been trained that their activities should exclude government, rather than opening doors for potential collaboration.

"The quality of training depends on: participants, trainers, and methods...the effectiveness and impact depend on these factors."

The role and position of START/AED in Uzbekistan. The structure of the AED staff in Uzbekistan, the personnel staffing the positions, the long history of successful implementation of programs under GTD, and the solid contacts within society and governmental structures are enviable. The changes implemented under the START program are generally recognized by TA contractors and USAID to be positive in nature, and the enthusiasm and dedication of the AED staff is recognized and appreciated.

"I had some complications to say the least; I had a prime position in my field before attending the training program. I came back with many ideas, I submitted my ideas and got zero response, so I had to change my position. Obstacles did not break us, I will try to participate in any other of these training programs that I hear about."

The hidden cost of training. One of the hidden costs of training is the impact made on participants when training places them in conflict with supervisors and at the same time government officials or the legal system. The confidence that former participants demonstrated in implementing their initiatives for change was truly impressive. Certain obstacles exist partially due to the fact that government officials are not aware of how NGOs fit into society as a whole. The team encountered courageous, daring, and creative alumni of USAID sponsored training programs. And as eloquently related to the team, the rolling impact of training will in the end have a powerful effect:

"While walking along the street have you ever noticed the grass growing up through the asphalt. Despite all the difficulties it perseveres and in the end is successful. We are this grass."

Evaluation of the Participant
Training Program in the CAR
25
April 30, 2003

2. TRAINING IMPACT

"It will take me several months, may I say years, to implement what I learned. As well as learning for my own benefit, I will conduct training for participants from throughout the CAR in my position."

From the development of draft laws, to the initiation of credit unions, to the provision of social services by NGOs, to the organization of associations, the impact of training is very palpable in Uzbekistan. To say that there is a hunger for training is an understatement. The team observed a dichotomy in the assumptions associated with societal change, i.e. 1) the current approach to government management is conservative in nature, 2) we need to train and educate ourselves to prepare for change in the future.

Again, the approach often taken and cited was that of initiating new organizations/ activities on return from a USAID sponsored training program. Some of notable impact include the initiation of a business school, new models of teaching economics, the opening of social services agencies, and the development of credit unions. Others include new measurements of environmental conditions, training of law students in advocacy and defense techniques, the introduction of the "family practitioner" concept of medical service delivery, and numerous others.

3. TRAINING PROCESS AND CAPACITY

"When I finally understood that AED was my tool, then I started to see AED in a different light and have made good use of their services and experience"

Participant selection seems to be a touchy area between AED and TA contractors. TA Contractors and grantees are convinced that they know and can identify the appropriate and best candidates for training. AED is convinced that they can offer a process of selection which reinforces that participants understand their obligations, are likely change agents, and take the steps to develop realistic action plans during their training program. The contractors want to protect their turf, and turn participants over to AED when it is time to process them for travel and participation in a training program. AED wants to be more proactive and provide more added value by bringing to bear their experience in training, participant assessment, and setting ground rules.

The value of AED, and particularly the ICI program is becoming more apparent to USAID and TA contractors and grantees. AED tends to think of itself as having to "sell it services", rather than coming from the perspective of "asking clients what they need and meeting those needs". The later implies that the TA contractors could have more flexibility and support and that AED can provide those benefits.

Participants criticized training programs that distributed materials that were only in English, were poorly translated, or were only in Russian and did not include Uzbek translations. Publication of proceedings and other documents directly related to the training will require funds for both translation and publishing.

As AED desires a more substantive role in the training process, so do the participants themselves. Participants from throughout Uzbekistan have called for involvement in the training design and desire a linkage or commitment from USAID that lasts for more than the duration of

the training program. Some participants have suggested that when they enroll with AED for participation in the program that they be guided through several phases: pre-training. third country, in-country action plan development and other follow-on activities.

A balance between target audiences needs to be reached within each of the individual SO sectors as well as within the project initiatives of TA contractors/grantees. In some areas too many policy makers have been targeted, and not enough of the technical staff, while in some areas the policy makers have been ignored. In some cases, e.g. water management. policy initiatives require training also at the technical level for data gathering and analysis.

At the country level in Uzbekistan, USAID staff identified the strong desire for a staff position devoted to Training Coordination. Currently training coordination takes place between AED and the TA contractors, without a pressure point in the mission.

The value of AED to help TA contractors respond and perform in areas of opportunity, and in areas outside of the strict confines of their scope of work, is viewed as a major benefit.

F.   REGIONAL TRAINING IMPACT

1.   OVERVIEW

General Analysis

The research from evaluation team's interviews and the gross figures from the quantitative survey indicate a very high level of satisfaction with the training in all SOs. The "yes" responses to "The training met expectations" are all ninety percent or better. The raw survey data also shows some gradation in the answers to all of these questions and those wanting to probe these results more deeply should refer to the more detailed survey results at Annex F. Specific Quantitative Findings. In viewing this data the evaluation team cautions the reader that the more results are disaggregated, the more deterioration there is in the reliability of survey results. Nonetheless, a look at Annex F will be instructive to some.

We point out this gradation in answers that lies behind the simple *Yes/No* configuration of the data used in the body of this report because this is where one begins to see a greater consistency between our qualitative findings and the survey results. That is. in the evaluation team's qualitative research with focus groups and in-depth interviews. participants tended to express satisfaction with and gratitude for the training. When asked follow up questions about specific benefits, applications, challenges, lessons learned, etc., they thought more deeply about their experience and provided much more detailed insights than are possible through a survey. It is in this manner that the evaluation team examined details and discussed with participants their ideas about ways to improve the PTP program.

Questions 4-9 of the quantitative survey reflect the impact that the PTP had on the 319 participants who attended the training events. This impact ranges from simple application of knowledge and skills to more specific impact, i.e. personal and organizational. and internal and external changes that might have taken place. The aggregated responses below in Table 3.5 reveal how training benefited PTP alumni.

Table 3.5 Reponses by Strategic Objective by Selected Quantitative Questions *(N=319)*
[Figures are presented in percentages.]

Q. No.	Participants indicated that:	SO 1.2/1.3		SO 1.6		SO 2.1		SO 3.2	
		YES	NO	YES	NO	YES	NO	YES	NO
1	They improved their skills, knowledge, or understanding	96.3	3.7	100	--	100	-	100	-
2	The training met expectations	93	7	94.6	5.4	98.9	1.1	98.7	1.3
3	A participant selection process, other than recommendation, was used	20.4	79.6	13.5	86.5	36.4	63.6	20.8	79.2
	Participants indicated that as a result of the training they: *								
4	Applied knowledge and skills	90.3	9.7	100	-	100	-	98.7	1.3
5	Carried out activities	73.3	26.7	86.5	13.5	98.9	1.1	93.5	6.5
6	Introduced content, strategies or improvements in workplace	63	37	81.1	18.9	87.5	12.5	90.9	9.1
7	Experienced changes	91.6	8.4	89.2	10.8	97.7	2.3	100	-
8	Enhanced organizational capacity	80.6	19.4	91.9	8.1	96.6	3.4	94.8	5.2
9	Enhanced personal capacity	85.7	14.3	94.6	5.4	98.9	1.1	100	-

*Reponses were more specific, e.g. Question 4 - not at all, rarely, somewhat, etc. or Question 6 - strategies, content, management improvement, none. For purposes of this overview chart, actions, changes, etc. have been counted as a "yes" and not at all, none, no changes, etc. have been counted as a "no" (see the questionnaire in Appendix C, for specific questions and possible responses).

In examining the data in more detail from this table, it appears that the greatest resistance to change or difficulty in carrying out specific training related activities and organizational changes occurs in the SO 1.2/1.3. This issue is addressed further in the discussion of that SO below (see Section III.F.2). It deserves attention simply because it represents about a third of all the respondents to the quantitative survey. There was some concern in the Natural Resources and Energy SO and the relative difficulties that show up in questions 5 and 6 and 7. This could be an anomaly as the number of participants in the sample from that SO is relatively low (37).

It can be stated from the survey results and backed by information from the qualitative research that none of the SO's did poorly. In fact, apart from those mentioned above, the results of the survey suggest considerable success in all of the questions having to do with skills and knowledge acquisition and application and individual and organization changes and results.

Participant Actions

Table 3.6 below examines the question "what did the participants do on return to their place of work after training?" Again, though there is plenty of survey evidence to suggests that the level of activity for all of the SOs was commendable, it may be significant that participants in SOs 2.1 and 3.2 had a greater tendency to engage in dissemination and knowledge transfer activities than participants in SOs 1.2/1.3 and 1.6. This may also account for their higher percentages in the Table 3.5, in some important change related categories.

Table 3.6   **Reported Action Taken by Strategic Objective** (Selected responses from Questions 5. 6, 7) *[Figures are presented in percentages.]*

Action Reportedly Taken	SO 1.2/1.3	SO 1.6	SO 2.1	SO 3.2
Developed action plan, individual project, or implementation plan	55.6	48.6	60.2	61
Trained others	39.3	43.2	59.1	51.9
Introduced tactics or strategies	34.2	29.7	48.9	46.8
Introduced program and technical content	30.8	43.2	36.4	53.2
Introduced management improvements	41.9	37.8	37.5	44.2
Transferred skills to colleagues	56.4	48.6	64.8	76.3
Introduced or influenced changes in rules, laws, legislation, or curriculum reform	33.3	24.3	18.2	27.6
Made oral presentations	21.4	27	35.3	40.3
Conducted media interviews	12	21.6	29.5	18.2

Survey data became available after the qualitative phase of the evaluation was over, so the evaluation team was unable to use the results to probe specific issues suggested by the data. The survey results should be a useful tool for SO leaders and staffs to examine further the implications of these findings. Again, on the whole, results are very favorable. There are some issues as noted above that are worth exploring more fully and sharing with implementing partners.

2.   STRATEGIC OBJECTIVE 1.2/1.3 – ECONOMIC AND FINANCE

Box 3.1   **SO 1.2/1.3 Improved Environment for Growth of Small and Medium Enterprises**

> *SO 1.2/1.3   Interim Results:*
> *1.3.1 Increased opportunities to acquire business information, knowledge and skills*
> *1.3.2 More responsive financial institutions, instruments and markets*
> *1.3.3 Increased implementation of laws and regulations (not applicable in Uzbekistan (?) and Turkmenistan)*

Our quantitative survey data suggests that this strategically critical SO is one of the more difficult in which to carry out specific activities and influence one's organization relative to the numbers generated by the participants in the other three SOs surveyed (see Table 3.5 above). This issue is only serious when compared with the other SOs as the great majority of participants surveyed in SO 1.2/1/3 indicated success in these two areas but much greater success when it come to applied knowledge and skills, changes experienced and enhanced personal capacity. In other words, the training seems to have had an impact on thinking and skills suggesting that individuals are trying. But turning things around once back at their organizations is proving to be challenging, though many apparently are succeeding.

The Table 3.7 examines separately four of the selected occupations within this SO. namely. bankers, accountants, entrepreneurs and tax officials.

Table 3.7 **Breakdown of Selected Economic and Finance Sector Participant Responses from 4 Selected Professions** *(N=30 out of 117 trained under1.2/1.3) [figures presented in percentages]*

Survey Question ## (1)	Participants indicated that as a result of the training they:	IR #	PROFESSION							
			Banker		Accountant		Entrepreneur		Tax Official	
			Yes	No	Yes	No	Yes	No	Yes	No
4	Applied knowledge and skills	1.3.1, 1.3.2	100	-	100	-	100	-	100	-
5	Carried out activities	1..3.1, 1.3.2, 1.3.3	100	-	50	50	94	6	87	13
6	Introduced content, strategies or improvements in workplace	1.3.1, 1.3.2, 1.3.3	77.8	22.2	62.5	37.5	100	-	67	33
7	Experienced changes	1.3.2, 1.3.3	100	-	87.5	12.5	100	-	92.3	7.7
8	Enhanced organizational capacity	1.3.1, 1.3.2, 1.3.3	100	-	100	-	100	-	84.6	15.4
9	Enhanced personal capacity	1.3.1, 1.3.2	88.9	11.1	75	25	100	-	100	-

(1) See the questionnaire in Appendix C for exact questions and possible responses.

As with the SO taken as a whole, all of these participants appear to be experiencing a degree of success in all of these activities, represented by the six questions. A closer look is more revealing. Entrepreneurs indicate almost complete success in all categories. Accountants, on the other hand, seem to struggle the most when it comes to introducing substantive changes in the workplace and carrying out specific activities stemming from the training. Perhaps they come back to a system substantially different from that in which they trained. The category that evidenced the next greatest difficulty introducing substantive changes in the workplace were the bankers, a profession closely related to accounting. One doesn't want to make too much of these numbers given the way sample reliability deteriorates with disaggregation, but it suggests that systematic change is needed to improve success in these areas. It would be useful to do some follow-up intensive interviewing with accountants and bankers to check on these notions.

Qualitative data from in-depth interviews with participants, USAID staff and TA contractor/grantees shows positive results in this SO from the USAID PTP program. We found joint stock company legislation pending and fiscal reform and tax code amendments in the works in Tajikistan and a new round of SME training underway. In Turkmenistan, an AED-assisted round table brought bankers and business people together and there is an ongoing successful infusion of TOT and case study methods into university-level business teaching. In Uzbekistan, the SME activity continues to be promoted and the PTP program was recently associated with an apparent major success in credit union development. Returned trainees initiated pharmaceutical associations, the government has taken an interest in ISO 9000 training and AED successfully helped integrate tax officials into a training program for accountants, hence pecking away at the problem cited above. Further, a returned participant was instrumental in establishing a masters program in economics at Bukhara State University.

In Uzbekistan also, USAID is set also to take another run at macro economic reform after earlier attempts failed. One source indicated that there is a need to influence the old style economic think tanks that advise the government, though it is not just the older generation that needs exposure to new thinking. A 30 year old official reportedly is promoting development of a command economy.

In Kyrgyzstan, business planning and development is a priority and recently PTP assisted training reached 120 participants at six locations throughout the country. A study tour to Holland resulted in establishment of an organization to inform and defend taxpayers in their rights, new labor laws are being promoted and businesses established. all by PTP trainees. Economic and Finance round tables are helping to create an enabling environment for reform. including introduction of differential tax revenue models, improvement of local revenue models and financial accounting models. Reportedly, there is much greater understanding of the role of marketing and the linkages between business and the environment. In Kazakhstan, we found a level of economic and financial sophistication such that participants tended to be highly appreciative of their training, but also more critical than elsewhere about the relevance of the training, its practicality and the qualifications of the trainers. It was here that we encountered the strongest admonitions to do more collaborative training design with government and private organizations and to somehow also involve participants and trainers in this process.

3.   STRATEGIC OBJECTIVE 1.6 – ENERGY AND WATER

"Improved Management of Critical Natural Resources, Including Energy"

Box 3.2   SO 1.6 Interim Results Framework

SO 1.6 Interim Results:
1.6.1 Increased management capacity in the natural resources sector
1.6.2 Improved policy and regulatory framework for natural resources management
1.6.3 Sustainable models developed for integrated natural resource management
1.6.4 Public commitment established for natural resources management policies

Only one contractor, with one subcontractor, has been implementing activities in this sector and PTP activities have been implemented on a cost-share basis. PTP-assisted training events have been few (relative to other sectors) in number, and have primarily been study tours. The TA contractor has also been quite successful in operating a training center for the region and has trained many specialists in the sector using its own training budget (separate from the PTP). This is not unlike other contractors/grantees in other sectors who also do their own training apart from the PTP with their own training budgets.

The evaluation team has collected information from PTP alumni in the energy and water sector from each country in the region. Although their overall numbers are few. they seem to support the following general observations about PTP-supported training in the sector:

1. The purposes and objectives of the training are understood. but the diverse backgrounds of participants frustrated meaningful discussions and overall sharing of information.
2. The networks established by the training (regarding water use issues in particular) have been very valuable.
3. Any hands-on training with mathematical modeling should be with up-to-date software (and hardware) and with trainers who understand that specialists in the region are well-educated and capable handling this information
4. Participant's organizations can benefit from more analytical training.

The qualitative information collected by this evaluation is insufficient to allow us to see even indirect trends of how SO 1.6 Interim Results are being met with the help of the PTP. There are

several general observations drawn from the qualitative information that may be of use if a more focused look is taken regarding PTP use and impact on the sector. These include:

▶ Study tours, that seem to have been marginally useful in improving skills associated with increasing management capacity. They did provide a comparative look in some instances at organizational development issues and how those may be impact on management. Selecting mid-level managers with similar backgrounds to attend regional training events may be more effective in the future.

▶ An improved policy and regulatory framework relies on a good mechanism of data collection and data analysis to provide alternative scenarios for decision makers. The region can probably benefit from additional training in these latter areas. This could form the basis for policy change.

▶ Up-to-date mathematical models and computer software are available. Technicians in the CAR are capable and ready to use them if given the hands-on training.

▶ There has been a solid and very positive effort at institutional strengthening in the sector. Regularly maintaining the transboundary linkages in the region, especially among water management planners and water user associations is a worthy activity that can help reinforce public commitment and awareness for natural resources management in the region

The quantitative data collected during the evaluation is also minimal, but it does mirror the low participant numbers in the sector overall. Only ten percent of all respondents to the survey participated in energy and water sector trainings. As a group these participant alumni reported less satisfaction with the training events than other respondents in terms of expectations and the use of the training skills in their job situation. Although the numbers are not significant enough to draw solid conclusions, they do seem to support the information that the evaluation team collected in the qualitative interviews linked to this sector. In the majority of these cases it does appear that the PTP training impacts may be off the mark. More discussion and investigation would be required to fully determine why, and what would be needed to make it better.

4. STRATEGIC OBJECTIVE 2.1 – DEMOCRACY AND MEDIA

Box 3.3   SO 2.1 Strengthened Democratic Culture Among Citizens and Target Institutions

SO 2.1 Interim Results:
2.1.1 Stronger and more sustainable civic organizations
2.1.2 Increased availability of information on civic rights and domestic public issues
2.1.3 Enhanced opportunities for citizen participation in governance

Survey results indicate that participants all but unanimously reported that they improved their skills and that their training met expectations. One hundred percent noted that they applied their knowledge and skills. In fact, the only question in which participants in this SO showed any signs of difficulty in performance at some acceptable level was in the area of introducing strategy or improvements in the workplace. Even here, with 12.5% reporting no results, this SO was second only to the Health SO by an insignificant few points, among the four SOs surveyed.

To gain a little more insight into this picture, four of the professions surveyed under the Democracy & Media SO, have broken out separately. namely, journalist. lawyer, NGO leader and political party leader, in Table 3.8.

Table 3.8   Breakdown of Selected Democracy and Media Sector Participant Responses from 4 Selected Professions *(N=36 out of 88 trained under 2.1)* [*figures presented in percentages*]

Survey Question ## (1)	Participants indicated that as a result of the training they:	IR #	PROFESSION							
			Journalist		*Lawyer*		*NGO Leader*		*Political Party Leader*	
			Yes	No	Yes	No	Yes	No	Yes	No
4	Applied knowledge and skills	2.1.2	100	-	96.2	3.8	100	-	100	-
5	Carried out activities	2.1.1, 2.1.2. 2.1.3	100	-	96.2	3.8	100	-	100	-
6	Introduced content, strategies or improvements in workplace	2.1.1, 2.1.2	50	50	88.5	11.5	96.7	3.3	100	-
7	Experienced changes	2.1.1, 2.1.2. 2.1.3	50	50	92.3	7.7	100	-	100	-
8	Enhanced organizational capacity	2.1.1, 2.1.2. 2.1.3	100	-	92.3	7.7	100	-	100	-
9	Enhanced personal capacity	2.1.1. 2.1.2	100	-	92.3	7.7	100	-	100	-

(1)   See the questionnaire in Appendix C for exact questions and possible responses.

This reduces the sample size considerably and, correspondingly, the statistical reliability of results. For example there were only two journalists in this sample and they obviously had very different experiences in terms of introducing content from their training into their work and experiencing any changes in themselves or their work. The number of lawyers (10) and NGO leaders (23) was significant enough to give more insight. The surprising result is that practically none of the 23 NGO leaders registered a negative response to the six questions having to do with application, introducing content, change. or organizational or personal capacity. Lawyers indicated a little more negativity in their results, possibly reflecting the difficulty of introducing change or conducting oneself differently in a system that is so governed by law. rules and precedent. NGO leaders, on the other hand, operate in a much less structured environment.

The team's qualitative information was generally consistent with the positive survey results. In Tajikistan we learned of many positive developments resulting from training experiences. These included organization of a women's leadership conference, establishing a conflict resolution department in a university, establishing a political party, opening of a civil society center. conducting media talk shows and making improvements in the legal code.

In Uzbekistan too, participants reported many new associations established after training events including separate judges and bar associations. establishment of 6 medical NGO associations and a host of activities involving NGOs, including some pioneering work involving government officials in NGO meetings to resolve community issues. In Kyrgyzstan, there have been important breakthroughs in the local government field resulting from PTP training. Some of these include improving local government revenue models, amendments to the constitution and improving/clarifying local government rights. These results are impressive in light of the fact that the evaluation team only questioned participants from the stratified sample of 800

participants in the CAR region from the 14,000-plus alumni who have attended PTP training events since early 1997.

5. STRATEGIC OBJECTIVE 3.2 – HEALTH AND POPULATION

Box 3.4 SO 3.2 Increased Utilization of Quality Primary Health Care for Select Populations

SO 3.2 Interim Results:
3.2.1 Select populations are better informed about personal health care rights and responsibilities
3.2.2 Improved quality of health care including infectious diseases and maternal and child health
3.2.3 Improved use of health care resources for primary health care (not applicable in Turkmenistan)
3.2.4 Improved legislative, regulatory, and policy framework (not applicable in Turkmenistan or Tajikistan)

Health training programs have been a notable success in the Central Asia region. The problem areas for which training programs have had to create responses have been enormous. Imagine the complexity associated with the tasks facing all aspects of the health profession: privatization of hospitals and medical services, the opening of private clinics, the private and government interaction in the pharmacy sector, nurse and doctor training, new payment systems, upgrading of the entire medical sector, and so on.

Examples of success stories that are directly attributable to PTP training programs are easy to uncover. Examples found by the team included: initiation of a new emergency response system, opening of private pharmacies and the establishment of a pharmacy association, introduction of the concept of family practice medicine, opening of a new nurse training center, opening of lines of inquiry in health risk areas, and involvement of NGOs in conducting public health fairs. Other examples of health initiatives include: strides in health reform (see Kyrgyz Republic Success Stories in Appendix H), development of a cadre of health professional and doctors with skills in training and public outreach.

This evaluation also allows an indirect look at how SO 3.2 Intermediate Results are being met.

▶   More resources in PHC, MCH, and infectious diseases are reportedly available and used more effectively.
▶   Quality of trained providers appears to be quite high and it is, therefore, hoped that the quality of their trainings and the health professionals they train is high as well.
▶   Health legislation seems to be progressing well and health professionals report that the framework they need to carry out their work is improving and in some cases well established.

Furthermore, the quantitative data collected during the evaluation provides a picture of training in the health and population sector. The following table (Table 3.9) indicates the extent to which participants felt they were able to use what they learned in various ways.

Table 3.9   Breakdown of Selected Health Sector Participant Responses from 4 Selected Professions *(N=54 out of 77 trained under 3.2) [figures presented in percentages]*

Survey Question ## (1)	Participants indicated that as a result of the training they:	IR # (2)	PROFESSION							
			Nurse		Doctor		Family Practitioner		Health Official	
			Yes	No	Yes	No	Yes	No	Yes	No
4	Applied knowledge and skills	3.2.2, 3.2.3	100	-	90.3	9.7	100	-	95	5
5	Carried out activities	3.2.2, 3.2.3, 3.2.4	100	-	90.3	9.7	100	-	95	5
6	Introduced content, strategies or improvements in workplace	3.2.2, 3.2.3, 3.2.4	40	60	87.1	12.9	100	-	95	5
7	Experienced changes	3.2.3, 3.2.4	100	-	100	-	100	-	100	-
8	Enhanced organizational capacity	3.2.3	100	-	90.3	9.7	100	-	95	5
9	Enhanced personal capacity	3.2.3	100	-	100	-	100	-	100	-

(2) See the questionnaire in Appendix C for exact questions and possible responses.

(3) Research was conducted with PTP alumni participants only, therefore, it is not possible to develop any general findings on 3.2.1 and only to a limited degree on 3.2.2 as no clients were interviewed.)

SECTION IV
CONCLUSIONS

The overwhelming positive impact of the PTP was not difficult to discern. In the design of this study great care was taken to select representative participants chosen on a random basis. Thus, the team did not seek out individuals who had known qualities, opinions, or were known to have successfully utilized their training experiences. This approach adds weight to the positive responses received not only from the 319 former participants who completed the qualitative surveys, but also the over 150 persons interviewed (TA contractor and USAID staff, colleagues of participants at their work institutions, and AED personnel).

Based on its work and research with quantitative and qualitative data the evaluation team arrived at three major conclusions:

▶ The PTP has demonstrated both its success as an important tool in helping USAID meet its objectives throughout Central Asia and its potential for having an even greater impact in the region;

▶ Better training methodologies, new training activities, and an expanded view of training are still being sought by participants and implementers; and

▶ Executing the new PTP vision can take training in the region to a new level with careful implementation, better communication and more broad-based support.

This section discusses these major themes and provides details and examples of why the evaluation team reached these conclusions in its assessment. The final part of this report, based on these conclusions and other lessons, provides recommendations and suggestions to PTP partners help improve the Program's implementation and impact.

A.   PTP SUCCESS AND POTENTIAL

USAID's Participant Training Program has proven value throughout the CAR. Participants, participants' organizations, and implementers recognize its success and usefulness. The potential for even greater value is also seen by all partners. Some of the most important points are enumerated in this section.

1. *PTP is Meeting and Exceeding Training Objectives:* There is a real thirst for new knowledge and a desire to meet international standards in all professions throughout Central Asia (even in countries with conservative leadership, the desire to obtain outside models is very strong). Participants believe that PTP training is playing a major role in satisfying these needs. In the quantitative survey more than 95% of the participants felt that training objectives were met and they were exceeded in more than a quarter of the cases. In interviews and in the survey a vast majority of participants indicated that training events had improved their skills in their field, improved their knowledge of current principles in the field, and/or helped them better understand and learn international approaches.

2. *Achievement of Results Are Directly Attributable to Training Initiatives:* Many participants reported that they felt more confident, communicative, successful and ready to tackle their

assignments following training sessions. In the survey 58% of the participants felt that their training had contributed to the achievement of individual and/or organizational results, i.e. greatly enhanced their capacity to do their work Participants reported on new businesses have been begun, careers changed, university departments formed as a result of participation in PTP programs. Furthermore, some indicated that they could share the information, make presentations, conduct media interviews, and generally utilized most skills and knowledge in their workplace and elsewhere.

3. *Significant Impact of Training is Consistent in All of the CAR Countries:* PTP training programs have had significant positive impacts in the CAR. Each country has had its share of positive impacts. Even with cultural, political, and economic variations, different USAID objectives and AED staffing patterns, significant impact can be documented in each of the countries of Central Asia.

4. *Participants Value and Utilize Knowledge and Skills Gained:* Several participants reported on being able to transfer their knowledge and skills gained from PTP training from one organization to another. Others have used the knowledge and skills gained from their training experiences to open their own organizations, associations, and departments. They also report being able to use role-plays effectively in a variety of forums and training others in the same skills. From the questionnaire survey 61 percent of the participants said they use their training knowledge and skills regularly and that they highly value their training experiences.

5. *Societal Impact is Occurring as a Result of Training:* It appears that health reform is making massive strides in most countries, but PTP training has also helped to change and implement tax laws and implement and alter conflict resolution curricula. PTP alumni also reported that joint stock company laws are being developed and introduced into legislation, and draft amendments are being created that help new local governance rights be adopted. The qualitative data collected pointed to the fact that 26.7% of the participants contributed to changes in legislation, education/curriculum reform.

6. *Program Participants Transfer Knowledge Gained to Others:* Participants are excited by transferring knowledge to others while they recognize that they are in the process of gaining knowledge themselves. Almost half of the participants in the survey stated they had been training others, while another 63 percent indicated that they are transferring skills learned to colleagues. Many participants felt that they have improved the performance of their employing organization. The one area where participants repeatedly requested further training and assistance from the PTP program was in the area of Training-of-Trainers.

7. *Policies at Organizations Are Influenced Through Training:* A full forty percent of the participants answering the survey stated that they had influenced changes in tactics and strategies of their organization. This was reinforced in PTP alumni interviews with the evaluation team in every country in the region. For instance, participants reported on health insurance evaluation techniques that have been adapted, adopted, and implemented. Others told of medical facilities audits that are underway, tax systems that have been revised, the revision and expanded application of management information systems across the country, and civic service centers that are beginning to "localize," i.e. be institutionalized and become more sustainable. All of these were related to the PTP.

8. *Management at Organizations Is Influenced Through Training:* Some participants report learning organizational, managerial, and financial skills that allowed them to improve

organizational functioning as well others who indicated that international learning allowed them to look at their organizational challenges differently and develop creative ways of dealing with them. In the survey 40 percent of the participants report that the functioning of their organization improved, i.e. management has improved, while a similar number stated that they implemented new programs or technical content. Some participants reported learning organizational, managerial, and financial skills that allowed them to improve organizational functioning as well others who indicated that international learning allowed them to look at their organizational challenges differently and develop creative ways of dealing with them.

9. *Decision Makers at Organizations Participate in Training:* Although management skills are often not a content of training programs, gaining of management skills is often an auxiliary outcome of training. Forty-five percent of the participants indicated having significant influence within their organization. As a result of PTP training water treatment plants have been restored, computerized library and information systems are being introduced, new training centers have been established, credit unions have been instituted, social services have been included in NGO services, and staff restructuring has taken place.

10. *AED as the PTP Contractor is Valued by TA Contractors/Grantees and USAID:* The value of USAID having a separate training contractor as its mechanism of ensuring quality and dealing with the burdensome quantity of paperwork required to move people to and from training events through Central Asia *is clearly recognized and valued.* TA contractors and USAID staff have best stated benefits of AED's role:

> ▸ AED ensures that rules are followed.
> ▸ AED holds all parties accountable.
> ▸ AED can obtain the buy-in from all stakeholders.
> ▸ AED participation is constructive and not adding to burden.
> ▸ AED is a logistical fire department.
> ▸ AED can focus on the overall Training Plan development.
> ▸ AED can make use of the significant crossover of experiences among training programs, e.g. key persons in government with training experience in decision-making roles make good trainees.
> ▸ AED is able to establish relationships with all parties.
> ▸ AED provides an element of flexibility to programming training
> ▸ AED has the ability to understand the needs of an organization – local and TA contractors.

11. *AED Holds a Unique and Pivotal Role in Development in Central Asia, and its Skills, Knowledge, and Experience is Underutilized:* Significant experience and background exists in the country and regional staff implementing PTP. AED, and particularly the host-country staff members at each office, possess substantial knowledge gained through experience of where training interventions have worked and where there are weaknesses. TA contractors often have a relatively short duration in their positions, typically 30 months or less, and may not fully understand history of training initiatives in their sector, training success and failure indicators, local customs, political hierarchies, laws and regulations, nor do they necessarily build on the accomplishments of their predecessors. More than a memory bank, AED possesses valuable perspectives on development processes and particular expertise in tuning in on behavior change as a result of investing in training. Furthermore, the ICI program is

one notable success of follow-on and capacity building that allows for a broader definition of "training" to include different type of activities as needed and appropriate.

12. *SO Teams Play a Critical Role in Supporting Training:* There is a wide variety in the recognition of training benefits between different countries and different SO teams. Some SO teams fully understand the resources they have at hand through the PTP programs and others do not. The PTP/AED staff are in one aspect the best "intelligence" mechanism for SO teams. They know what participants in all technical areas are thinking about, current progress being made, and the bottle-necks to development in their own countries. USAID, PTP/AED, SO teams, TA contractors/grantees invested a large sum of financial resources and human capital in providing training, and the participants who return from training are eager to offer their suggestions to USAID. AED is able to play an expanded role in assisting SO teams, if SO teams are open to receiving the input AED can bring.

B. IMPROVEMENTS TO TRAINING

Participants see training differently than PTP implementers. Participants consider training to be a process not an end point. Time and again the evaluation team heard statements with the gist of: "you trained us, then forgot us, we could make much more progress if you stayed involved." Participants visualize their involvement in training as a step in their professional development, and since USAID initiated the first step, the participants are befuddled as to why the process is only partially completed. In essence, participants are calling for an entirely new perspective on the relationship between USAID and training program participants in the Central Asian region. Participants feel that they recognize that economics and social structures have changed, yet USAID training is of these societies change, so must our approach to training.

1. *Participants Desire a More Dynamic Role in the Entire Training Process:* Currently participants in USAID-sponsored programs begin their involvement in the training process shortly before the training program begins, i.e. interaction with the TA contractor/grantee during the selection process, and interaction with AED for visa, logistical, and pre-training briefings. *Participants feel they are being treated as consumers of training products rather than partners in the training process.* They do not feel that they are being treated as "equal partners." Throughout this evaluation, participants reiterated time and again that they bring real skills, high level educational backgrounds, and their life experiences to the training table, and that they would like to be seen and treated as colleagues not as students.

   Assigning participants a new role does not simply refer to the type of training methods chosen and utilized by the training staff. The participants want to assist in the design of the training programs, they want the trainers to learn about them and their work situations and challenges, they want to make their own presentations at the training sessions, they want to co-train, they want to make useful products and arrive at viable solutions, they want to have a continuing relationship with their trainers and not constantly have to reeducate the trainers on the realities of life in the CAR, they want more practical and directed training and less theory. *The fact that participants want to dramatically increase their role in training is a very positive confirmation of USAID's success to date, and demonstrates that there exists the potential to more dynamically interact with individuals/institutions USAID is striving to influence.*

a) **Involving Participants in Training Design:** Participants want to be partners in their own training process. Rather than accepting the design of a training program, which may meet only a portion of their needs, they want to be involved in the design of their program. If this is to occur, large changes in the PTP mechanisms would need to take place, i.e. *trainers may meet with participants at their work sites prior to conducting* training programs.

b) **Training Programs Provide the Opportunity for SO Teams and TA Contractors/Grantees to Interact and Learn From Their Colleagues in Central Asia:** Training is currently a one-way street, trainers are designing and presenting, the participants are consuming what is provided to them. Training can be an educational experience for the SO teams, TA contractors/grantees, and trainers as well. In this way training becomes more integrated into the project work that is being undertaken by USAID. Training is an opportunity for trainers to learn (about current practices, trends, missing components, politics, economics, road blocks, missing gaps, needs, hopes, aspirations) from participants. If the TA contractors/grantees are not taking as much out of a training program as the participants then they are missing a tremendous opportunity. Making training a two-way experience means that the participants will also be presenting portions of training programs.

c) **Participants Are Keenly Interested in Learning Training-of-Trainer Skills (TOT):** Numerous times participants pointed out that where they failed to implement concepts gained from their training, a large portion of the failure can be attributed to the fact that they do not possess the skills in training that those that trained them do. Participants recommended both that; TOT skills be incorporated into all training programs, and; TOT training sessions be conducted 4 to 12 weeks following their participation in technical training programs.

d) **Participants Request Follow-On Activities To Aid in the Implementation of Concepts Learned in Training Programs:** Throughout the evaluation, nearly everyone interviewed commented on the need for Follow-On activities following the completion of training programs. These commentaries were then followed by an open-ended question; "what is follow-on", and invariably the team received a blank stare from the interviewee. Follow-On was not expressed as a need for financial resources, but as a request that continued contact and progress on the technical topics be made (see Recommendations for potential Follow-On activities).

2. *Value Can Be Added to the PTP by Involving Governments and Institutions More Systematically.*

a) **Government Involvement Can Be Beneficial:** PTP alumni in all sectors recognize the role of government (whether it be regulatory agencies, city councils and administration, oblast, or national government) in their own particular field of endeavor. Participants realize that they cannot "go around" government, and they welcome the opportunity to include government officials in their programs. The participants are not seeking the approval of the government officials so much as they want to better educate the government officials of their own needs. Training programs (especially the dynamic participatory programs conducted under the PTP) offer an opportunity to influence

governmental leadership, and to build relationships between civil society and governmental structures.

b) **Institutional Involvement Can Tap Local Resources:** Too often U.S. sponsored programs are willing and eager to start new initiatives, not realizing that parallel efforts are already occurring in the society. If anything, soviet society was tremendous at building institutions, and the remnants of many of these institutions still exist. PTP could benefit from making alliances with educational and training colleges and departments located within other institutions. PTP also could benefit from contacts with the system of Regional Training centers to discern where institution building efforts may be of value, and where resources for training can be tapped.

3. *PTP/AED Can Improve Training Impact by Concentrating on Quality of Training*

a) **Lack of Sufficient Length for Training Has Become a Critical Factor:** Budgetary issues of "more participants" for "cheaper outlays of resources" has skewed training to appoint where it is even often debatable whether we are conducting training any more (or we are simply holding a meeting). A simple look at the statistics demonstrates how pressured training has been and how it has changed from past patterns of USAID sponsored training. Under PTP (for the period of 1997-2002), 15% of training programs conducted were two days <u>or less</u>, 35% of the total of all programs were four days or less, and fully 50% of training programs were six days or under.

These constraints make interactive training (which USAID believes in and supports) and product focused training (development of Action Plans and other planning mechanisms by participants) nearly impossible to attain. USAID needs to face squarely the quality issue. Programs that are shorter may be cheaper, but programs that are too short are extremely expensive (all of the coordination efforts, venue, per diem, transportation, trainer fees are wasted).

Participants are keenly aware of these time constraints, and report that they feel the impact of severe time constraints, and of attempts to cover too many technical topics in too short a span. The length of the training activity needs to be weighed more carefully so that learning, discussion, hands-on opportunities and future planning can be explored adequately. Participants often expressed opinions to the evaluation team about the shortness of training activities. Many alternatives were suggested; five days (training days, not including travel) was often expressed a minimum time frame for a training program, and that six to ten days might often be more adequate. Participants also thought that U.S. and Third Country training activities would be more effective if they were in the 10- to 30-day period for total training days.

b) **Adequate Preparation By Trainers Required:** The evaluation team also noted that training programs apparently often miss the mark, especially by aiming the content of the training programs far too low. The issue, and solution, however is not simply one of informing training organizations to "increase the quality of training content". Central Asian society is rapidly changing, and it was the opinion of many participants that trainees are still training to old needs rather than to current needs.

C.   EXECUTING THE NEW PTP VISION

Training is a profession. The ability to construct training interventions that change behaviors of participants requires a set of skills that have nothing to do with the particular technical subject of the program. Many technical experts make lousy trainers and may be even worse at designing training programs. PTP/AED recognizes that it does not possess the technical content or technical skills in the SO areas. However, PTP/AED does feel it possesses the training skills required to mold technical SO content into effective training. To mold these trainings. PTP/AED needs to ensure its staff's capacity to do so effectively and efficiently. thus allowing other stakeholders to profit by this new benefit and enabling AED staff to perform this new role confidently and competently.   A clear delineation of staff skills plus the additional expertise required to carry out this new vision for START needs to be in place.

As reported earlier, AED staff is knowledgeable, experienced and development savvy. To guarantee that these attributes are well-utilized, staff needs to be well-prepared to negotiate and promote the new roles under START. To do anything less would be a disservice to AED staff and their stakeholders alike. To date, it appears that little refresher training or information sharing among and for AED staff has been conducted due to financial constraints. To promote the kind of well-rounded, quality training that stakeholders interviewed propose. AED staff would, likewise, need to be on the receiving end of training to update and complement their already substantial skills and expertise, thus allowing them to be a "role-model" for training in the CAR.

PTP/AED has made significant strides in streamlining the process from GTD to START and with considerable success. Where stakeholders reported that previously under GTD the process was cumbersome, lengthy, and burdensome, they now report significant improvements. improvements that have apparently made it easier for them to access and utilize the PTP. There appears to be some confusion that still remains in the process. Although PTP/AED has made great efforts to prepare in writing how the new process works (see Appendix J for the description circulated to TA contractors/grantees). stakeholders still express some confusion over this process, thus the numerous references from different stakeholders in different countries to the "murky process." It would appear that while PTP/AED has streamlined and detailed the process. a clear communication of the process is still lacking. Even the evaluation team found that the explanation of this process varied from country to country and from staff member to staff member.

The bread and butter of GTD and START is the logistics package. this needs to be well-maintained. An over-extension of the staff and their functions could undermine their existing strengths.   As reported earlier, numerous concerns have been expressed about PTP/AED "spreading itself thin." New roles could exacerbate these concerns, if managed or introduced ineffectively. PTP/AED has not yet established a track record in providing these new services and it needs to develop the trust, confidence and support in their ability to do so to carry them out effectively.

Perceived turf issues, e.g. who gets "credit" for results. etc., also appear to be of concern to some TA contractors. TA contractors need to understand PTP budgets and cross-sectoral issues in order to better comprehend the value of the new vision to their own training programs and their training participants. SO teams and Country Offices provide the common glue between TA contractors/ grantees within each sector. Having them more fully cognizant of the new vision would help provide more effective support to PTP implementers and lend more continuity across the sector with TA contractors/grantees.

SECTION V
LESSONS LEARNED

A. COUNTRY LESSONS

This section describes the lessons learned retrieved by the evaluation team during the course of its assessment. They reflect the views and comments of PTP alumni participants, participant organizations, AED, TA contractors/grantees, and USAID staff who have had direct experience with training in the region.

Table 5.1 Lessons Learned by Country

	What Reportedly Works	What Reportedly Doesn't Work
Kazakhstan	• Selecting audiences from similar backgrounds and levels of education provides a "common stepping off point" • Ensuring that participants are "an accountable and a knowledgeable consumer" prepares them to make best use of training experiences • Following the training with planned activities allows for immediate results • Creating local partnerships ensures mutual decision-making about training programs and plans • Using creative training engages minds and encourages participants to think in different ways • Ensuring that participants can see the connection between situations and training enables them to introduce/use same in own world/reality • Utilizing feedback and results promotes follow-on and improvements to ongoing programs	• "Training just for the sake of training" so that no specific purpose or directed results are achieved • Conducting same training year after year so that true capacity does not increase • Getting the "wrong" trainer so that goals and tasks cannot be accomplished • Ignoring close cooperation with country institutional representatives so that impact is minimized • Ill-defining purposes and objectives of training so that training effect decreases • Unilaterally designing programs so that local experts are not used effectively • Excluding concrete, specific examples so that participants cannot apply training information

	What Reportedly Works	What Reportedly Doesn't Work
Kyrgyz Republic	• Bringing together the differing viewpoints on an issue in roundtables raises awareness and promote active follow-on planning • Providing sufficient quantities of handout materials from a training event for distribution after the event provides stimuli to follow-on activities • Building on past training events reinforces learning and encourages follow-on • Having presentations that are practical, concise and targeted encourages learning • Making training a regional event if the purpose is sharing ideas or making the event local if the purpose is to learn a specialty increases impact • Using pre-departure orientations for a final word about objectives and to serve as a reminder to the participant to be watching for follow-on opportunities to initiate after the training enhances participant ownership	• Cramming too much material into a training event so that relevant information isn't covered • Conducting training events for large groups so that impact is lessened and even defeated • Excluding or not inviting people who are action-oriented or who can implement change so that a "titled" person can attend • Decreasing the amount of practical, hands-on time so that the audience only thoroughly understands the theoretical concepts • Engaging trainers who are "experts" in their fields, but not necessarily knowledgeable about their audience or their organizations so that only main ideas are ineffectively transmitted
Tajikistan	• Working with local organizations and governments improves the quality of training programs • Involving participants in goal-setting before their training increases their understanding and accountability • Following up "serious training," i.e. to be added, with TOT activities greatly improves effectiveness, follow through and spread of ideas • Maintaining a close relationship with participant alumni encourages continued motivation • Preserving the integrity of ownership of an idea in developing it for training increases trust of local partners • Using new approaches that take into consideration the opinions of the participants stimulates learning	• Bringing trainers in from the outside only a day or two before training so that no proper preparation is possible • Conducting a one- to two-day "training" so that insufficient knowledge and skills is gained • Providing only theoretical knowledge without practical skills and application so that it cannot be applied in the field • Allowing participants to come to their training with no preparation so that they cannot make best use of training • Taking insufficient time to verify participant qualifications so that participants are "mismatched" for the training • Using trainers who are unfamiliar with the culture, level of education, country customs so that valuable training time is lost on "trainer catch-up"

	What Reportedly Works	What Reportedly Doesn't Work
Turkmenistan	• Having flexibility in funding between the SOs increases the ability to take advantage of targets of opportunity. • Fitting into a larger strategy with thoughtfully planned results heightens overall training impact • Working with trainers well in advance of a training session, especially in the health field, ensures the translations and interpretation are accurate. • Building up and using local trainers wherever this is feasible, increases local capacity • Working closely (AED) with TAC/Grantees encourages collaborative follow-on. • Preparing people for change through training results in proactive rather than passive behavior • Extending training in some fields directly to the public, e.g. in family health for rural areas, spreads the training effect • Using seminars and round tables to gain momentum and share information about achievements and problems engages government representatives	• Limiting flexibility between SO funding so that it hard to take advantage of targets of opportunity in a highly dynamic situation reduces training possibilities • Providing too many training opportunities to too few people and too few training profiles so that spread effect is restricted • Totally ignoring government so that opportunities are missed • Using poor trainers and translators so that training quality is equally poor

	What Reportedly Works	What Reportedly Doesn't Work
Uzbekistan	• Being proactive about training -- planning and costing out, the greater the lead-time, etc. -- leads to fewer problems. • Encouraging the use of ICI as a valuable tool for follow-on ensures direct response to client needs and involvement of participants in training design • Taking pains to ensure that training is focused on client needs, including practical exchange of knowledge, insures that the training meets participant levels and shoots neither too low nor too high. • Using training to make connections provides feedback through informal connections. • Insuring excellent trainer and materials preparation allows for thoughtful attention to follow-on • Selecting TOT candidates who have the aptitude, dedication and ability to handle the technical material increases the likelihood of TOT success • Including in team building efforts, the psychology of team building reinforces its need and usefulness • Spending some time on advocacy skills as part of training modules, where appropriate, increases participant ability to make change and use information • Planning for and selecting the right mix of participants for the kind of training concerned increases the likelihood of participant interaction and learning	• Planning and designing training programs in isolation so that partnering opportunities are missed • Force feeding training so that buy-in isn't achieved • Critiquing TA contractor/grantee training programs on technical issues so that tension is increased • Planning US and third country training with little great care so that resources and opportunities are wasted. • Promoting training only at the policy level so that those who provide the data and analysis for this reform are untrained • Taking insufficient care to have qualified and motivated trainers, whether expatriate or local, so that training quality suffers • Insufficiently collaborating with the relevant government agency or private organization training plans so that buy-in and ownership are not achieved • Exposing participants to a totally different system or technology without clarifying the context and differences and possibility for transition so that they cannot eventually apply what they learn • Not keeping abreast of changes taking place in the target country or countries so that trainers are ill prepared

B. TRAINING MODELS IDENTIFIED

During the course of the evaluation the evaluation team came across several models used in a variety of settings in the CAR. They are summarized below as examples that trainers and decision-makers may want to turn to and/or work with in a particular situation. They are not presented as panaceas, but are intended to be illustrative of positive training experiences in the region that may be of value to others working in the field.

▸ **Training integrated fully into TA contractor/grantee programs.** Training supports the objectives of the TA contractor/grantee. The TA contractor/grantee takes full responsibility for selecting and preparing participants, trainers, and the training materials so that they are fully consistent with project objectives. In this model, seen throughout the region, the AED role is focused on budget support, logistics, assistance with training design and agreed support to follow-up. Follow up is usually through its access to ICI funding or facilitating policy or post-program round tables. It is in this model that the quotation from one TA contractor/grantee, *"follow-up is everything we do when we are*

not training," is appropriate. This model works best when the host country government or organization is fully on board with the objectives of the training or is open to reform in that direction and takes a partnership role in training design. It may also involve some building of host country training capacity so that the TA contractor/grantee and AED are involved only in required new training. Programs adhering to this model are, by definition, consistent also with USAID Strategic Objectives.

▶ **Training integrated into host country government or organization sector objectives.** This model also is found throughout the region. One example is the decentralization of public health programs in Uzbekistan. One example is the source organization for participants is fully supportive of the training objectives, preferably prior to the training but certainly afterwards. Usually, training involves a combination of colleagues who can come back to the organization reinforcing each other, with a plan of concerted action, and are prepared to fully brief or train their colleagues. The plan of action is adopted by the source organization after training or mandated as a condition of participation in the training. This model requires close coordination with the source organization prior to the training as well as supportive follow-up after the training. This may be in the form of regional seminars, outreach training, or perhaps policy roundtables with higher levels of government. AED could play a key role in much of this with its full range of training support. This training would take place under the umbrella of USAID strategic objectives, which would also facilitate the infusion of additional resources if needed.

▶ **Co-financing of policy and technical roundtables.** This model requires flexibility and quick reaction time. It is designed to take advantage of windows of opportunity or to make opportunities that help create an enabling environment for a variety of USAID objectives and training initiatives. These fora include roundtables, seminars or conferences for sharing and processing information, creating friendships, trust and networks and changing attitudes. Such fora have proven especially effective in Tajikistan and Kyrgyzstan and have been used to good end in Uzbekistan and Turkmenistan -- basically throughout the region. AED plays a key facilitative role with its technical partners in these activities through its full range of training support operations and could identify the opportunity for such initiatives through its follow-on work. An important product of these roundtables is a plan of action for next steps.

▶ **Phased training or serialized approaches.** TA contractors/grantees have found that collaboration with AED on a phased training approach can be very effective. Generally, this consists of a pre-US or third country training round table or conference, followed by a focused visit to the US or an appropriate third country that will serve as an eye opener, as in "*I was a prisoner of my own mind.*" This event can be followed by training either geared for implementation of the intended program or for dissemination of the concept to a wider audience. This would be followed by implementation or if needed, further training or support. In one case, after a pre-study tour conference and study tour which then led to program implementation, the plan now is to send a group of implementers to Poland to see the program in action in a setting with similar history and constraints.

▶ **Phased training of trainers.** This model involves sending trainers to the US or a third country for a solid program in a given area and including also TOT training. On return, the trainers in training go to Almaty for further TOT training and experience. This is

followed by a period of working with mentors as co-trainers for up to one year until it is clear that the trainers are ready to assume the role of full-fledged trainers. There is then continuous exchange or linkage with the initiating program in order to stay on top of new developments.

▶ **Institutionalizing of training.** Training institutions during soviet times were integrated into most major departments of government and played a large role in society. Vestiges of these training organizations (colleges) remain today but they are not well funded and seem to be basically ignored. One approach to institutionalizing training, as PA Consulting and Winrock are doing in the water management field in Uzbekistan, is to build up some continuing modern training capacity in such organizations. In addition, the Regional Training Centers in Kazakhstan also show some promise as a means of institutionalizing training capacity in the region on a scale that will have continuous and wide reaching impact. This should be the subject of a separate analysis and is beyond the scope of this evaluation.

▶ **Collaborative training design and advanced trainer preparation.** While not a model per se, collaborative design of the training with key stakeholders and very careful preparation of trainers and training materials should be a component of all the above models. Indeed, based on our findings, this approach should be intrinsic to all PTP training events. As one senior training official put it *"careful advanced preparation of trainers is worth every penny invested."*

SECTION VI
RECOMMENDATIONS

Based on the conclusions and lessons learned for the assessment. Six recommendations are presented by the evaluation team in this section. Within each recommendation. the team has developed specific action items and suggestions for their implementation.

RECOMMENDATION 1: PTP/AED SHOULD CONSIDER INVOLVING PARTICIPANTS MORE DYNAMICALLY

Action Item 1: Utilize all opportunities to involve participants in the training design process

1. Add a needs assessment component to the participant selection process to ensure that participants are involved in setting the direction for the program they need. Use this assessment process to gain information for the design of future programs as well.
2. Facilitate periodic roundtable sessions at the country level for the SO Teams and TA Contractors (health, finance, democracy, and energy) where past participants (and current personnel of counterpart organizations) come together to discuss training needs and training gaps.
3. Emphasize the process of "selecting participants well" rather than being overly concerned about choosing the "right" participants. (A transparent and brokered process that focuses on selecting well will increase the likelihood of a training event's success).
4. Make certain that training events place value on new things and changes from the perspective of the participants, e.g., capacity building and sustainability of programs. (To facilitate this within the training design process, designate a category of "special needs" solicited from the actual participants in the program. Sixty to eighty percent of the content of a program can be identified in the TARF, but the Special Needs section of the training will come from the participants as they are interviewed and selected to participate.)

Action Item 2: Prepare participants and trainers for training events

1. Bring the local or expatriate trainer "in" 5-6 days before the training to work with local counterparts to adapt materials and program. meet and learn from the participants. fine tune session design. design new sessions, assess content and skill level of participants. determine ways to utilize participants as "training resources."
2. Provide participants with "pre-training" packet, homework reading, training objectives and agenda, pieces to prepare and bring to the training. etc. anything that will allow the participant to begin thinking about the training BEFORE the training
3. Allow PTP/AED to pay for local trainers identified by TA contractors
4. Include non-English speakers in the training programs. (Do not restrict participant selection to those with English skills.)
5. For U.S. based training programs. conduct in-depth needs assessments prior to the training and submit these to the training providers so that training content is current and meets participant expectations. (A telephone discussion would be helpful to reduce the writing burden and also clearly communicate participant expectations and suggestions.)
6. Encourage participants to make presentations at their training sessions.

7. Incorporate participants into training content delivery.

Action Item 3: Develop and institutionalize practical follow-on.

1. Invest in upgrading the participant databases in all of the CAR countries.
2. Plan/Incorporate follow-on activities when designing the TARF and include "expected results," i.e. help participants identify follow-on activities and results BEFORE the training.
3. Engage participants in a series of activities of which the training program is only one.
4. Fund translation of documents into Russian and national languages.
5. Fund the publication of proceedings of seminars and training programs.
6. Disseminate information, results, and proceedings.
7. Integrate TOT as a standard follow-on activity to help turn technically trained people into trainers, though not necessarily ALL participants, as some would not want to be/could not be trainers. Conduct TOT 4-12 weeks after the completed training program.
8. Identify an AED follow-on staff person. (This is not an evaluator, a program officer, or a logistics person, but a person who could be a primary trainer in conducting follow-on activities with host country organizations, government, and participants.)
9. Make funds and professional technical media services available to assist in public awareness/education.
10. Incorporate "future stream" of training activities into the TARF with milestones indicated.
11. Develop follow-on informal written understanding with local counterparts, similar to the agreement AED signs with TA contractors/grantees.
12. Develop follow-on activities calendar/plan, similar to the Training Plan to ensure fit, appropriateness, usefulness of activities and to initiate additional follow-on activities.

RECOMMENDATION 2: PTP/AED SHOULD CONSIDER INVOLVING GOVERNMENTS AND INSTITUTIONS MORE SYSTEMATICALLY

Action Item 1: Solicit contacts and training design ideas

1. Hold bi-annual meetings to present training activities and training ideas
2. Develop a "training needs/design idea" suggestion box via email, newsletter, mail, etc. (collect, compile, share with TA contractors) – use the feedback
3. Hold a "feedback forum" where training challenges and needs can be discussed and agreed upon among all stakeholders

Action Item 2: Clearly link training with local objectives and reforms

1. Ask for copies of training program objectives to see where matches might already exist and share lists with TA contractors so that they could follow up direct on training ideas
2. Identify one staff person to be the "reforms informant," someone to regularly search out and report back on important reforms especially those impacting on training programs already in the PTP Training Plan
3. Have regular internal brown bags at which one PTP/AED staff member reports on current events in a particular sector

Action Item 3: Integrate use of existing infrastructures and training resources

1. Identify existing infrastructures and training resources and distribute to TA contractors
2. Hold an initial seminar on the PTP program and develop a strategy for collaboration

Action Item 4: Encourage organizational use of benefits from training

1. Prepare, during the training, a "organizational news release" on how to make best use of an employee's new skills and knowledge
2. Meet with supervisors to delineate the benefits and discuss possible challenges to implementing training knowledge and skills and discuss ways to overcome. when needed/appropriate
3. When appropriate, ensure that both the person who will make things happen and the person who will "do" the work attend the training (not necessarily at the same time. but in the proper order) – if that person is not one and the same

RECOMMENDATION 3: PTP/AED SHOULD CONSIDER PROMOTING TRAINING QUALITY

Action Item 1: Improve the mix of training locations and training types

1. Clearly define and describe the training "location" for staff and partners.
2. Describe long-term impact desired of training:
   - In-country training to "keep it local and continuous"
   - Regional training to "encourage CAR sharing and capacity building"
   - US/Third country training to "develop new attitudes, ideas, and systems"
3. Detail and differentiate between conference, roundtable, and training.
4. Examine and model ways to carefully integrate and mix training packages.

Action Item 2: Carefully select and prepare trainers and ensure relevant materials

1. Assist to detail trainer selection criteria "selecting trainers well."
2. Set up network of local and regional trainers who have met and maintained agreed upon quality standards for each SO.
3. Develop review panel of training materials that are likely to be used at a training event.

Action Item 3: Ensure appropriate training lengths

1. Assess cost-effectiveness, usefulness, and impact of different training lengths (this does not include conference or roundtables. but actual trainings)
2. Provide TA contractors/grantees with a summary of the findings of the training length assessment.
3. Add "Rationale for Training Length" to TARF to ensure that TA contractors/grantees have thought through the various training length issues.

RECOMMENDATION 4: PTP/AED SHOULD MAINTAIN IS PRESENT VALUE

Action Item 1: Sustain the bread and butter – logistics

1. Detail and delineate staff priorities.
2. Assign specific staff to logistics only.

Action Item 2: Solidify and strengthen the PTP process

1. Develop cross-country PTP/AED skills sharing plans
   - Have staff members itemized their strengths and weaknesses and special skills on which they feel comfortable training others
   - Develop a staff matrix of skills and strengths and distribute to all staff in all countries so that they can call which ever staff member has the skills or strengths they need
   - Have quarterly or bi-annual regional staff meeting to share experiences and challenges and problem-solve
   - Conduct regular staff training using internal staff and the network of trainers that PTP/AED has
2. Provide clear, generic participant criteria for selection
   - Develop measurable criteria that are applicable for all trainings, e.g. language, etc.
   - Share, discuss and revise criteria with all stakeholders
   - Apply criteria rigorously along with any specific criteria required by TA contractors
3. Provide and apply a general set of results indicators:
   - Develop 4-5 general results indicators that could be applied to all trainings and used in co-jointly with any results indicators (knowledge, attitudes, practice) that TA contractors may be using, e.g.:
     - Percent/Number of participants who develop an action plan
     - Percent/Number of participants who implemented at least "X" activities on the action plan
     - Percent/Number of participants who present training information in at least two of the following ways...
     - Percent/Number of organizations who report that they implemented at least one organizational change recommended by the attending participant based on training
     - Percent/Number of participants who report feeling more confident and capable of carrying out their jobs
   - Share, discuss and revise indicators with stakeholders
   - Apply indicators stringently
4. Prepare a VERY simple, clear "process" orientation piece and hold regular meetings with TA contractors -- build on process piece already existing, simplify and develop consistent presentation of said piece. (This could be a part of the periodic meetings suggested in Recommendation 1.)

RECOMMENDATION 5: USAID SHOULD CONSIDER INCREASING PTP/AED ROLE AS "DEVELOPMENT" PARTNERS IN THE TRAINING PROCESS – PLANNING, DESIGN, IMPLEMENTATION AND FOLLOW-ON – TO ENHANCE THEIR ADDED VALUE

Action Item 1: Match capacity as a "development" partner

1. Assess what skills are needed, what gaps exist, and fill gaps
   - Develop a "skills needed" matrix to effectively be a development partner
   - Compare the "skills needed" matrix and the "actual skills" matrix and develop a "gaps" matrix to help focus priorities for PTP staff
2. Regularly monitor and share what other donors are doing so that USAID TA contractors/grantees incorporate this into their planning.

Action Item 2: Increase PTP resource capabilities

1. Develop an internal training plan to fill gaps (request additional resources necessary to implement this plan – see Recommendation 6, Action Item 1).
2. Expand AED staff TOT capabilities so that PTP/AED could provide TOT follow-on assistance when requested
3. Build up a regional trainers'/expertise bank on which AED staff can call

Action Item 3: Present training "role-model"

1. Design training program samples to use a models
2. Advise TA contractors/grantees on stakeholder mix that they might consider for participation in training programs, not just as participants but at all levels.
3. Ensure that ALL stakeholders are accountable, not just participants, but also local counterparts, TA contractors/grantees, AED staff, etc.
4. Consider providing some additional new services/products, e.g. training models, roundtable facilitation, TOT package, IT/computerization, etc.
5. Utilize successful PTP/AED experiences in other countries and also request appropriate TA Contrators/grantees from those countries to assist (or at least share their positive experiences).

RECOMMENDATION 6: USAID SHOULD EMPHASIZE PIVOTAL ROLE OF SO TEAMS IN PTP SUCCESS

Action Item 1: Provide support for the new vision of PTP/AED as a full player in development activities

1. Allocate specific "training funds" for AED internal training planning, and for expanded AED participation in developing the Annual Training Plan.
2. SO teams communicate with TA contractors/grantees via a "news-release" on the new and improved role of AED as it implements the PTP
3. SO teams hold TA contractor/grantee meetings to delineate new additional benefits of PTP and vocalize support.

Evaluation of the Participant
Training Program in the CAR
53
April 30, 2003

Action Item 2: Affirm integral nature of training to SO achievement

1. SO teams (with assistance from PTP/AED) put together and distribute information on PTP training program impact (could be pulled from this evaluation report).
2. Hold presentations to detail the importance of training, its integral nature, and discuss how to more effectively benefit by all it has to offer.
3. SO teams (with help from PTP/AED) provide TA contractors/grantees with a better understanding of cross cutting priorities, initiatives, perspectives, experiences, and learning across sectors.

Action Item 3: Articulate future training directions in the CAR.

1. With assistance from PTP/AED and all stakeholders, develop broad training goals for the region, not SO priorities, but broader directions to pursue for training in general so that SO priorities and regional needs can be met more effectively.
2. Work with PTP/AED to flesh out AED's role as training broker/advisor/negotiator, within the full partner role.
3. Capitalize on AED experience and "intelligence" in the CAR for feedback regarding participant priorities, reaction to training, and ideas for future direction of not only training, but also SO objectives.
4. Establish a process, which may include meetings, seminars, and a development of a "checklist" which establishes milestones and benchmarks for improving training in the region. Assess this process at future dates: 3 months, 6 months, 1 year.

APPENDICES

ANNEX A
SCOPE OF WORK

EVALUATION OF THE PARTICIPANT TRAINING PROGRAM IN THE CAR

I.   BACKGROUND

NET (NIS Exchange and Training) and GTD (Global Training for Development) are USAID-funded training projects launched in 1993 and in 1997, preparing professionals in Central Asia by focusing on them as key to institutional development. On June 1, 2002 USAID/CAR's new START participant training program, implemented by the prime contractor Academy for Educational Development (AED) was launched. Next year we will mark the 10th anniversary of USAID's training program in Central Asian Republics (CAR). Training programs are developed, coordinated and implemented by AED staff, in close coordination with technical offices, respective government counterpart agencies, USAID TA contractors and grantees, non-governmental and private sector organizations.

Over the past decade, USAID/CAR has invested considerable resources into its Participant Training Project, through which over 800 programs for more than 33,000 participants region-wide have been implemented. These training programs have included U.S., regional, third country, in-country and off-the-shelf courses across a broad spectrum of strategic objectives. Participants represent a broad cross section of society, from government ministries, to heads of businesses and NGO leaders, to individual citizens committed to reform in their area of expertise. Because the population of the target counties is generally well educated but has lacked the necessary skills to establish and maintain free market economies or democratic societies, the majority of training activities have been short-term.

II.   SCOPE OF WORK

A.   Objective

The objective is to obtain a comprehensive evaluation of the USAID/CAR Participant Training Project over the last five years in all five Central Asian republics. The training program has undergone a lot of transformations. These different approaches and changes will provide useful examples for lessons learned so that we can hopefully gather the best and use those as we move forward. An evaluation would help our office to better understand what results we are getting from participant training and whether we need to make some adjustments. The result of the evaluation will allow us to look at the overall process and identify the conditions in which training works well and will provide the basis for the program office to be able to recommend improvements to the way technical offices consider and plan training. The recommendations will also draw upon successful approaches used by other missions, USG agencies and donor organizations.

B. Specific Tasks

This evaluation will consist of two separate inquiries—a questionnaire that will be sent to a representative sample[1] of past participants in USAID/CAR's participant training programs, and in-depth on-site interviews with a smaller number of participant training alumni.

Survey. The questionnaire will allow us to ask several simple questions of our training participants, and to be sure that the conclusions of our analysis are applicable for the entire population of training alumni. We expect this survey will reveal how frequently participants were able to use their training, how they rate the quality of the training, and how their work situation has changed since they took this training course. In other words, the questionnaire will probe on questions along easily quantifiable lines—How Many? or How? or How Useful? The contractor will determine the methodology and sample size to ensure that results meet our standards regarding confidence levels.

Interviews. The in-depth interviews will allow us to probe for deeper knowledge of these participants' impressions on post-training component—trying to understand *why* the training was useful, what *impact* the training had on the individual or group. If the training was not useful or did not have a large impact, what could we have done (or do in the future) to improve the quality or usefulness of these programs? Such questions can only be addressed through discussions, and these interviews will complement the findings from the aforementioned survey task.

The contractor will randomly select participant alumni from each sector in order to find significant results from training, including their accomplishments since returning from training. We consider a stratified participant sample that makes a point of including both recent trainees along with those from 3, 5 or 7 years ago. A related issue that the contractor will examine is what problems participants face when applying the skills and knowledge gained to their work. The ultimate question that we must answer when assessing the impact of training is not whether the individual has applied new skills to his/her job performance, but rather whether those new skills made any difference in the performance of the organization. The assessment will also take a look at areas where significant investments of training funds have been made to determine what kinds of training interventions have worked and which have not. Interviews with host country government officials and institutions that serve as training providers are also recommended.

The contractor will track how many participants we have trained in each sector (accountants, nurses, and lawyers), and assess whether there are some sector-specific trends or lessons to note. It is important to know how the people in different sectors have integrated their knowledge into their current jobs. Have we trained too few nurses and bankers, or too many accountants? And does the impact of training vary by sector—e.g., is training more effective for accountants than nurses? We expect that this will mean that the contractor should select a sample of participants from each sector for each country in this evaluation. SO 1.2, SO 1.3 Enterprise and Finance sector (bankers, custom officials, accountants, entrepreneurs, managers, lawyers etc.). SO 1.6 Energy and Water (water officials, power, oil and gas officials etc). SO 2.1 (NGO leaders, local

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[1] USAID expects that the survey results will provide conclusions with a 95% confidence level.

Evaluation of the Participant
Training Program in the CAR
A-2
April 30, 2003

government leaders, political party leaders, journalists, lawyers etc.). SO 3.2 (health officials, nurses).

A useful approach for the interviews for the evaluators will be to look at the background information of the programs of the trainees. This information will include review of:

- the overarching results that the training was meant to support;
- how the specific workplace or organization related to those;
- the specific training objectives; and
- the trainee selection process, and whether or not those selected held positions that were appropriate for the level of change they were expected to help implement and the specific objectives of the program.

Data on the impact of the participant training project will be collected from both quantitative and qualitative sources, which range from survey questionnaires to individual interviews. Quantitative information will be used to determine if the training has been an important factor in participants' success in:

1) affecting legislative, economic, political and health reform;
2) bringing about change in the institution where they are employed;
3) improving their individual work performance; and
4) multiplying the knowledge gained from training through dissemination to colleagues and the general public.

Because the purpose of the Participant Training Project is to support achievement of USAID/CAR's Strategic Objectives, the assessment report will be organized by the four main Strategic Objectives pursued by the Mission and then focus on specific conclusions or trends for each sector within those SOs.

In each country, the assessment team should hold briefings with the USAID country representatives and their teams upon arrival and departure on their major findings preliminary conclusions and recommendations.

C. *Key Questions that will be Explored are:*

Impact of Training:

1. Are trainees whose programs are funded through the training contract achieving the objectives of training?
2. Is the training that is being provided contributing to achievement of intended outcomes (at the workgroup or organizational level)?

3. What kind of impact did the Global Training for Development (GTD) Project have in the region (presenting some case studies showing how GTD project has led to changes in CAR countries)?

Improving Capacity:

4. Are we targeting the right people and institutions? Were participants able to apply the new skills and knowledge at work in the way that they had expected?

a) Have they contributed to changes in legislation, education/curriculum reform?

5. Did participants work improve the performance of their employing organization in the way that had been planned?

a) Have they influenced changes in the tactics and strategies of the organization?

b) Was the functioning of the organization improved upon?

c) Did the participants have significant influence within the organizations where they are employed?

6. Is USAID's participant training program developing *institutional capacity*?

Lessons Learned:

7. What specific lessons have been learned (good or bad) across the region or in specific countries that should be shared?

8. Should investments (budget) in some areas be decreased and others increased?

9. What about follow-up to participant training, isn't there something AED can do beyond simply doing a de-brief or asking questions like "Was the training useful?"

There are a number of approaches that have been used over the life of the CAR's training program for a variety of reasons. Some of those are considered particularly successful or of note and others have been less so. As a question for an evaluation or assessment, we may want to look at what has been tried in different regions, what has worked, and what might be recommended for the future in order to continue support for achieving intended results or any other objectives the Mission might have for follow-on.

D. *Proposed Recommendations*

How will this evaluation inform management decisions within USAID/CAR? As a result of the assessment, recommendations will be made:

a) on how we could improve the design of the different training programs for each sector, and for training overall;

b) how to assess the specific training impact and determine whether we are getting the right people (see following paragraph) for training;

c) how to accept lessons learned, and make changes to the program; and

d) how to improve the efficiency and effectiveness of the use of participant training funds.

Please note that the term "right people" is meant to imply those who are most likely to help move intended change forward. And there may be several kinds of "right" people for a given intervention. Some may be "right" because their support or agreement with the intended changes

is necessary (may be officials, may be media, etc.). Some are "right" because they are in positions where they will be able to effect the intended changes. Some are "right" because of their demonstrated leadership potential and their commitment to reform in their country.

In our view, any analysis of whether a given training program "sent the right people" has to start with the original program design, i.e. the original Training Request. The idea would be to look at the criteria that was developed in the TR for participant selection and look closely at the TR's expected results. Then the idea would be to see how well expected results became actual results. An analysis that attempts to match results with selection process/criteria would involve many of the same issues raised in the question above.

Other issues related to "are we sending the right people" to consider are:

a.   Even assuming we do have the "right" people, **are these people actually working on the problems** that the training is designed to address? Has the proper due diligence (needs assessment) been done during the planning and program design phase to determine if training is the proper intervention.

b.   Do participants remain or advance in their sector-related positions long enough for training impact to be measured?

III.   TEAM COMPOSITION AND QUALIFICATIONS

To accomplish this, the contractor will propose a well-rounded team of four evaluation specialists possessing collectively the following skills and background. The team will include Evaluation Specialists in the areas of enterprise and finance, democracy and local government, health and environment. Human resource type skills are also desirable. Each contractor team member should possess an advanced degree (Masters or above) or equivalent based on professional work experience and have minimum 7 years experience in the design, implementation and or/evaluation of foreign assistance programs. Strong writing and word processing skills are a requirement.

1)   Evaluation Specialist/Environment,Energy and Natural Resource Specialist (50%) – Responsible for coordinating and directing the overall evaluation effort, including preparation and submission of the draft and final evaluation reports to USAID/CAR. He/she should have extensive overseas program evaluation experience (including USAID related) and be thoroughly familiar with techniques of program impact appraisals. Environment Specialist – at least MA in economics, engineering and agriculture with specific emphasis on energy and natural resources management sustainability in developing countries.

2)   Economic Specialist – At least MA degree and training in economics or business including specific emphasis on development economics, institutional economics, experience in tax and budget policies, extensive experience applying economic analysis in program and project design or evaluations in developing countries.

3)   Health Analyst – At least MA degree and training in medicine, public health or a social sciences field related to health. Extensive experience applying health Analyst in program and project design or evaluations in developing countries.

4)   Democracy and Governance Analyst – At least MA degree and academic training in political or a related social science discipline. Extensive experience designing, implementing or evaluating programs in the fields of civil society, rule of law, legislative strengthening, judicial improvement, local government, and public accountability in developing countries.

A total of six weeks is programmed for this evaluation, including time spent in Washington for pre-field work and the post-field write-up. The first week will allow the evaluation specialists to familiarize themselves with key project documents from AED's database and meet with the respective USAID/CAR Strategic Objectives/Technical Assistance contractors and grantees to gather their suggestions. It will be very important that the individuals conducting the assessment study the process that leads to the training programs they are going to investigate. This will include questions about how the needs for training were identified, how the specific training program objectives were developed, how trainees were selected, and the other interventions that were identified and delivered to facilitate change in the workplace. During the four weeks, the specialists will follow-up with people trained under the USAID participant training project and conduct work site visits in cases where these would help in gathering information.

IV.   METHODOLOGY

A.   Prior to departure from the U.S. the evaluators shall:
1.   Conduct a careful review of background documents, including:
- GTD and START Contracts
- Amendments
- Workplans, quarterly reports and newsletters
- Materials developed for/during the implementation of the contract, including contract announcements, program descriptions, and annual training plans
- Conduct interviews with USAID and AED staff in their headquarters.

Please note that AED staff will print out the various fields from the different components of the MISTER participant database (including the evaluation component) in a way that can be shared and easily discussed with the evaluators, and work with them to determine what kinds of correspondences between data and information in the database will be useful. Then, AED/staff can develop report formats that would pull the data so they can review it in relation to the different criteria they have selected.

In addition to the AED database, there is also information (data) that they maintain in hard-copy form (reports from debriefings, success story write-ups, etc.) as well as information captured in TIOL – success stories, for example – that should also be considered. This information is all available from AED in Washington, and AED has indicated they will be fully supportive in providing the information needed for this evaluation.

2.   Prepare a draft list of:
- interview questions for in-depth interview

- • questions for survey questionnaire
- • target respondents for survey—by name, e-mail, etc.
- • people to interview (by sector and country)

B. Once in the field, the contractor shall:

1. Review the contractor's final reports, quarterly reports.
2. Conduct an extensive program review in all five CAR countries. The field review include brief meetings with USAID/CAR Mission officials, AED in-country staff and other TA contractors/grantees, training recipients.

Prior to departure, the evaluation team will discuss the field interview results with USAID/CAR Program Support Office and Front Office.

V.   SCHEDULE OF WORK

The evaluation should begin no later than March 2003. Knowledge of USAID activities in Central Asia is desired. USAID/CAR must approve all individuals proposed for the team.

A.   Washington, Pre-field Work

Three (four) days will be spent on holding briefings in the U.S. with USAID/Washington (EGAT) and AED/DC staff on the proposed interview schedule and lists of people to be interviewed. AED's help may be to schedule appointments for interviews (along with AED/Almaty office) and meetings as well as for collection and review of documents.

Contractor will determine the interview schedule for field work.

B.   Field Work

Four weeks will be spent in Central Asia for data collection and preliminary analysis, one week in Kazakhstan, and three weeks in other CAR countries. The team will be divided into two sub-teams, one of which will visit Turkmenistan and Uzbekistan, while the other visits Kyrgyzstan and Tajikistan. Three days will then be spent in Kazakhstan to prepare and submit a draft report to USAID/CAR before their departure. The team will provide a debrief at the end of this time period with USAID/CAR staff in Almaty.

C.   Washington, Post-Field Work

One day will be spent in Washington for debriefing, and up to one week may be used for revision and submission of the final report after receipt of USAID's comments.

VI.   LOGISTIC SUPPORT

Logistics: The team will be responsible for hiring one local person in each country to provide logistic support. The person would be responsible for the development of the team's schedule, hotel accommodations, transportation, visas and other administrative issues.

Interpreter/s: The team also will be responsible for hiring one or several interpreters in each country. It may be possible that the logistic support person in the same as one of the interpreters.

Driver/s: The team will be responsible for hiring one driver in each country.

VII. DELIVERABLES

All deliverables shall be submitted to USAID/CAR/PS and AED in duplicate.

The following deliverables shall be submitted and receive input/comments from USAID/CAR and AED *prior to the team's departure* for the field work:

- Draft questionnaire for trainees under AED/GTD program;
- Draft list of interviewees and itinerary; and
- Draft report outline should be submitted prior to the conclusion of the site visits.

The following list of deliverables shall be submitted for USAID/CAR and AED comments/inputs prior to departure from Almaty.
- Draft report that includes at least the following:
a) an executive summary;
b) an assessment of successes and failures in GTD programs;
c) analysis in the report will be presented by Strategic Objective, and by Sector of Training Participant within each SO;
d) recommendations on the existing program-related documents that should be continued;
e) an overview of fifteen (three for each country) success stories of impact to GTD programs;
f) summary of findings and conclusions; and
g) oral presentations to USAID/CAR and AED of draft final report, findings and conclusions, to be scheduled with USAID/CAR/PS office in Almaty.

Based on the assessment, the team will develop a comprehensive report describing and analyzing the impact, gaps, lessons learned and conclusions on a country specific basis. The draft report will address each of the issues identified in the Scope of Work and any other factors the team believes have a bearing on the objectives of the evaluation. The report will contain "Lessons Learned" section which will discuss, "what works, what doesn't work," "success stories" and models of development that might be usefully replicated.

The final deliverable(s) shall be submitted no later than one week after receipt of comments from USAID/CAR and AED on the draft final report and oral presentation:

- Final report, incorporating AED and USAID/CAR comments on draft report and presentation to be submitted within one week of oral presentation. Final report in CDIE format, should not exceed 40 pages and shall be presented to USAID/CAR, USAID CDIE Development Information Office (CDIE/DI), USAID/Washington/EGAT and AED in hard copy and electronic format. Additional materials may be submitted in Annexes, as appropriate, e.g.

bibliography of documents analyzed, list of agencies and person of interviewed. and list of sites visited.

- Based on the results from the completed evaluation and all other pertinent data. the contractor will prepare a project evaluation summary, also in CDIE format. The summary will include evaluation abstract, purpose of activity, purpose of evaluation and methodology used, findings and conclusions. and recommendations. The summary will be submitted at the time of final report submission and will be presented both hard and electronic copies as above.

VIII. TECHNICAL DIRECTIONS

A.   *The Cognizant technical Officer (CTO)* shall provide technical direction during the performance of the order. The CTO for this Task Order is:

Rabiga Baytokova
USAID/CAR/PS
Almaty, Kazakhstan.

B.   *Key personnel.* The Contractor must obtain CTO approval before making any changes in the key personnel stated in the Order. Additionally, the contractor must obtain the written approval of the CTO if any key person under this order will be out of the country or working in other projects at any time during the project being implemented during this task order.

C.   *For the duration of the task order,* the Contractor shall provide the personnel to work on-site. Travel off-site must be limited to essential trips related to the task order. and must be approved in advance, in writing, by the CTO.

D.   *Documentation and guidelines* produced for this order shall be instructive. streamlined. and adaptable. Local national expertise shall be used in creating these materials as much as possible.

E.   *Any changes in the work plan* must be approved by the CTO.

F.   *CTO will carry out the day-to-day* management and implementation of this work plan. Periodic consultations regarding implementation will take place with the CTO.

IX.   PROPOSAL EVALUATION CRITERIA

1. In-depth knowledge of issues related enterprise and finance. SME development. democracy and local government, health and environment in transitional period is required.
2. Professional work experience and have minimum 7 years experience in the design. implementation and or/evaluation of foreign assistance programs is desirable.
3. Knowledge of evaluation techniques and data collection methods and analysis is critical.
4. Familiarity with the Central Asia region or other NIS countries.
5. Strong writing and word processing skills are a requirement.
6. Knowledge of Russian or other CAR language is desirable.
7. Human resource type skills are also desirable.

APPENDIX B
CONTACT LIST

Organizations with which we conducted interviews throughout the region are listed below. They are not identified by country or staff member name to ensure the confidentiality and unanimity promised. Excluding AED and USAID, this list represents 17 out of 31 of the TA contractor/grantees currently using AED services in the CAR, see Appendix I for complete list of those working with AED.

1. American Bar Associations (ABA)
2. Abt Associates, Inc.
3. Academy for Educational Development (AED)
4. American International Health Alliance (AIHA)
5. ARD/Checchi and Company
6. Bearing Point/Barents – Banking
7. Bearing Point/Barents – Fiscal Reform
8. Carana/EdNET
9. Centers for Disease Control (CDC)
10. Counterpart Central Asia
11. International Foundation of Election Systems (IFES)
12. Internews
13. PA Consulting
14. Pragma – Small, Medium Enterprises Financial Sector Initiative, and Banking
15. Urban Institute
16. United States Agency for International Development (USAID)
17. World Council of Credit Unions (WOCCU)

APPENDIX C
QUALITATIVE QUESTION GUIDES AND QUANTITATIVE SURVEY USED

1. Individual PTP Participant Interview
2. Individual PTP Organization Interview
3. Guide For PTP Participants Focus Group
4. AED Interview
5. TA Contractor/Grantee Interview
6. USAID Staff Interview (Country And Regional)
7. SO Team Interview
8. Quantitative Survey – English and Russian

INDIVIDUAL PTP PARTICIPANT INTERVIEW

A. *INTRODUCTION*
➤ Introduce yourself and your team member
➤ Ask participant to introduce him/herself (how long at organization, background)
➤ Explain the purpose of the evaluation – improvement PTP (Mike working on something for this)
➤ Tell him/her all information is confidential, no names will be used
➤ Explain the method – no right or wrong answers, want to know his/her opinions, ideas, experiences, stories
➤ Explain process – will start with a short quantitative survey, then move on to a discussion of training issues and impact
➤ Thank him/her in advance for helping and giving time to this endeavor

B. *TRAINING SURVEY*
• Administer quantitative survey (about 10 minutes).
• Take a few minutes to review the responses to the questions, as you will be probing further in your in-depth interview below.
ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

C. *TRAINING GENERAL*
1. What does training mean to you? How would you define training? "Training".....
2. What trends have you seen in training for the last couple of years in your area?

D. *TRAINING IMPACT*
3. Tell us something about your training experience (training attended, length of training, sector, purpose, objectives, methodologies used, topic, etc)
4. How has this experience benefited you? Why?
5. How do you think your training has benefited your organization? Why?
6. In what ways have you been able to apply the knowledge and skills you received from the training? What challenges have you experienced in applying these skills? Why?
7. What changes have you been able to bring about in your organization?
8. How has the organization and staff responded to these changes? Why?
9. What have you done differently because of your training?
10. What activities did you undertake because of your training?
11. How has the training helped you advance in your work?
12. How have you shared what you learned in your training with others? With whom did you share? Why?
13. How has the fact that others from your organization have participated in this same training helped/hindered use of the training knowledge and skills? Why?

E. *TRAINING PROCESS*
14. In what ways did this training meet/not meet your expectations?
15. What might ensure that it meets participant expectations?
16. Describe a bit more the recruitment process that you identified.
17. What challenges/opportunities did this process pose for you? How did you overcome/take advantage of them?
18. What changes might you recommend to this process?

F. *TRAINING DIRECTIONS*
19. What are some of the lessons that you feel have come of this training program?
20. What changes would you recommend to this training program?
ANYTHING ELSE YOU WOULD LIKE TO ADD?

G. *CLOSING*
• Thank him/her once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate

INDIVIDUAL PTP ORGANIZATION INTERVIEW

A. *INTRODUCTION*

➤ Introduce yourself and your team member
➤ Ask participant to introduce him/herself
➤ Explain the purpose of the evaluation – improvement PTP (Mike working on something for this)
➤ Tell him/her all information is confidential, no names will be used
➤ Explain the method – no right or wrong answers, want to know his/her opinions. ideas. experiences. stories
➤ Explain process – a discussion of training issues and impact
➤ Thank him/her in advance for helping and giving time to this endeavor

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

B. TRAINING GENERAL

1. What does training mean to you? How would you define training? "Training".....
2. What trends have you seen in training for the last couple of years in your area?

C. TRAINING IMPACT

Tell us something about the training experience of your employee:
3. How has this experience benefited him/her/them? Why?
4. How has this training benefited your organization? Why?
5. In what ways have you seen him/her/them apply the training experience? What challenges have you seen to this application? Why?
6. What changes has this employee's knowledge and skills from this training brought about in your organization?
7. How has the organization and staff responded to these changes? Why?
8. What does your organization now do differently because of the training?
9. What activities did you undertake because of your training?
10. How has this training knowledge and skills been shared with others? With whom? Why?
11. How has the fact that others from your organization have participated in this same training helped/hindered use of the training knowledge and skills? Why?

D. TRAINING PROCESS

12. Describe a bit more the recruitment process used to select this employee.
13. What challenges/opportunities did this process pose for your organization? How did you overcome/take advantage of them?
14. What changes might you recommend to this process?

E. TRAINING DIRECTIONS

15. What are some of the lessons that you feel have come of this training program?
16. What changes would you recommend to this training program?

ANYTHING ELSE YOU WOULD LIKE TO ADD?

F. CLOSING

• Thank him/her once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate

GUIDE FOR PTP PARTICIPANTS FOCUS GROUP

A. INTRODUCTION

➤ Introduce yourself and your team member
➤ Ask each participant to introduce him/herself (sector, organization, title – be brief as possible)
➤ Explain the purpose – improve training programs in the region
➤ Tell them all information is confidential, no names will be used
➤ Explain the method – no right or wrong answers, want to know their opinions, ideas, experiences, stories
➤ Explain process – will start with a short quantitative survey, then move on to a discussion of training issues and impact
➤ Thank them in advance for helping and giving time to this endeavor

B. TRAINING SURVEY

• Administer quantitative survey (about 10 minutes).
• Take a few minutes to review the responses to the questions, as you will be probing further in your in-depth interview below.

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

C. TRAINING GENERAL

1. What does training mean to you? How would you define training? "Training".....
2. What different types of trainings have you participated in/aware of/familiar with? How effective are these different types of trainings?

D. TRAINING IMPACT

3. In what ways/How has training benefited you? Your organization?
4. What changes has training brought about in you? In your organization?
5. How has the organization and staff responded to these changes? Why?
6. What challenges did you experience in implementing/bringing about change? Why?

E. TRAINING PROCESS

7. In what ways can recruitment and selection ensure that the appropriate participants are chosen for training?
8. What challenges or opportunities do participating in a training program pose for you or your colleagues? How can these be overcome or taken advantage of?
9. How can we ensure that training meets participant expectations? Why?

F. TRAINING DIRECTIONS

10. What are some of the lessons learned about training?
11. What suggestions might you recommend for improving training in your field? Your sector? Your country?
ANYTHING ELSE YOU WOULD LIKE TO ADD?

G. CLOSING
• Thank them once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate or respond to any questions that might have come up

AED INTERVIEW

A. INTRODUCTION
➤ Introduce yourself and your team member
➤ Ask participant to introduce him/herself
➤ Explain the purpose of the evaluation – improvement PTP (Mike working on something for this)
➤ Tell him/her all information is confidential, no names will be used
➤ Explain the method – no right or wrong answers, want to know his/her opinions, ideas, experiences, stories
➤ Explain process – a discussion of training issues and impact
➤ Thank him/her in advance for helping and giving time to this endeavor

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

B. TRAINING GENERAL
1. What does training mean to you? How would you define training? How does training fit into your project? "Training".....
2. What are the different types of training that you support? Effectiveness of each?
3. What trends have you seen in training for the last couple of years in your area?

C. TRAINING IMPACT
4. What value to you feel you add to training in your region/country? How? Why?
5. What impact have you seen so far as a result of training? (Use of training in jobs? Training contributions? Multiplier effect?)
6. What challenges or opportunities do you see for using/applying training results? For program implementation?
7. How do you see the different purposes (KAS) applied? Impact changes? Usefulness?
8. What linkages do you feel training has helped put in place? For the 3 programs (TC, IC, US)? How does it work? Changes that can be made to facilitate linkages? Define "linkages"

D. TRAINING PROCESS
9. Tell us something about the process in place for utilizing/accessing the PTP program? How does this work? Why? At the different levels – Washington, USAID, AED Regional, AED Country, TAs, other?
10. We know that changes were made from GTD to START, what other changes might you recommend? To what? To whom? Why?
11. Tell us about the PTP training recruitment and selection process – your role? What's working? Changes needed?

E. TRAINING DIRECTIONS
12. What are some of the lessons that you feel have come of this training program?
13. What other changes would you recommend to the training program?
14. What are some follow-on/continuing/additions you could envision that could make better use of PTP?
15. What are some training related success stories in your program? (get specific contact information)

ANYTHING ELSE YOU WOULD LIKE TO ADD?

F. CLOSING
• Thank him/her once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate

TA CONTRACTOR/GRANTEE INTERVIEW

A. INTRODUCTION
➢ Introduce yourself and your team member
➢ Ask participant to introduce him/herself
➢ Explain the purpose of the evaluation – improvement PTP (Mike working on something for this)
➢ Tell him/her all information is confidential, no names will be used
➢ Explain the method – no right or wrong answers, want to know his/her opinions, ideas, experiences, stories
➢ Explain process – a discussion of training issues and impact
➢ Thank him/her in advance for helping and giving time to this endeavor

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

B. TRAINING GENERAL
1. What SO does your project support? Tell us about your project.
2. What does training mean to you? How would you define training? How does training fit into your project? "Training".....
3. What trends have you seen in training for the last couple of years in your area?
4. What types of training do you carry out? Why? Effectiveness of each?

C. TRAINING IMPACT
5. What impact have you seen so far as a result of training under your project or predecessors? (Use of training in jobs? Training contributions to your area? Multiplier effect?)
6. What challenges or opportunities do you see for using/applying training results? For program implementation?
7. In what ways do your training program augment knowledge, attitude, and skills (KAS)? Impact or Usefulness of each?

D. TRAINING PROCESS
8. Tell us something about the process in place for utilizing/accessing the PTP program? How does this work? Why?
9. What changes might you recommend? To what? To whom? Why?
10. What do you know of the PTP training recruitment and selection process? How does it work? Why?

E. TRAINING DIRECTIONS
11. What are some of the lessons that you feel have come of this training program?
12. What changes would you recommend to this training program?
13. What are some follow on/continuing/support activities could you envision for your training programs?
14. What are some training related success stories in your program? (gather specific information to contact)

ANYTHING ELSE YOU WOULD LIKE TO ADD?

F. CLOSING

• Thank him/her once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate

USAID STAFF INTERVIEW (Country and Regional)

A. INTRODUCTION

- ➤ Introduce yourself and your team member
- ➤ Ask participants to introduce themselves
- ➤ Explain the purpose of the evaluation – improvement PTP
- ➤ Explain some detail on the methods to be used to carry out evaluation
- ➤ Remind all information is confidential, no names will be used
- ➤ Explain the method – no right or wrong answers, want to know his/her opinions, ideas, experiences, stories
- ➤ Explain process – a discussion of training issues and impact
- ➤ Thank them in advance for helping and giving time to this endeavor

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

B. TRAINING GENERAL

1. What does training mean to you? How would you define training? How does training fit into your project? "Training".....
2. What trends have you seen in training for the last couple of years in your area?

C. TRAINING IMPACT

3. What impact have you seen so far as a result of training? (Use of training in jobs? Training contributions to your area? Multiplier effect? Having the impact you anticipated or hoped for? Producing surprises or unanticipated results? Creating particular opportunities or problems?)
4. What challenges or opportunities do you see for using/applying training results? For program implementation?

D. TRAINING PROCESS

5. What do you know of the PTP training recruitment and selection process? How does it work? Why? Changes recommended?
6. What program implementation challenges or opportunities have you seen/observed heard about? By AED? By TA Contractors/Grantees? By USAID?

E. TRAINING DIRECTIONS

7. What are some of the lessons learned from PTP?
8. What are some training related success stories in the training program? (gather any specific leads for that work)

ANYTHING ELSE YOU WOULD LIKE TO ADD?

F. CLOSING

- • Thank them once again
- • Remind that all responses are confidential
- • Add anything else at this time you feel necessary/appropriate

SO TEAM INTERVIEW

A. INTRODUCTION
➢ Introduce yourself and your team member
➢ Ask participants to introduce themselves
➢ Explain the purpose of the evaluation – improvement PTP (Mike working on something for this)
➢ Explain some detail on the methods to be used to carry out evaluation
➢ Remind all information is confidential, no names will be used
➢ Explain the method – no right or wrong answers, want to know his/her opinions, ideas, experiences, stories
➢ Explain process – a discussion of training issues and impact
➢ Thank them in advance for helping and giving time to this endeavor

ALWAYS REMEMBER TO PROBE QUALITATIVE RESPONSES WITH:
"WHY, WHAT ELSE, HOW, PLEASE EXPLAIN/DEFINE THAT"

B. TRAINING GENERAL
1. It is important for us to understand your SO as the evaluation results are to be reported out by SO. Please explain to us the objectives and Intermediate Results (IRs) and their indicators for your SO?
2. What does training mean to you? How would you define training? How does training fit into your project? "Training".....
3. What are the key sectors for training in your area? What links do you see between the training in your area and results you are achieving?
4. In what ways do you see training supporting your work?
5. What do you see as the training priorities in your area? Can you rank these in terms of relative priority?
6. What trends have you seen in training for the last couple of years in your area?

C. TRAINING IMPACT
7. What impact have you seen so far as a result of training under your SO? (Use of training in jobs? Training contributions to your area? Multiplier effect? Having the impact you anticipated or hoped for? Producing surprises or unanticipated results? Creating particular opportunities or problems?)
8. What challenges or opportunities do you see for using/applying training results? For program implementation?

D. TRAINING PROCESS
9. Tell us something about the process in place for utilizing/accessing the PTP program? How does this work?
10. What changes might you recommend? To what? To whom? Why?
11. What do you know of the PTP training recruitment and selection process? How does it work? Why?
12. In what ways does the PTP support your work in training? Changes to recommend? Opportunities?

E. TRAINING DIRECTIONS
13. What are some of the lessons that you feel have come of this training program?
14. What changes would you recommend to this training program?
15. What are some training related success stories in your program? (gather any specific leads for that work)
16. What additional advice or insights do you have for this evaluation?

ANYTHING ELSE YOU WOULD LIKE TO ADD?

F. CLOSING
• Thank them once again
• Remind that all responses are confidential
• Add anything else at this time you feel necessary/appropriate

QUANTITATIVE SURVEY

ID Number: _____

Training Participant's Questionnaire

This questionnaire is part of a study being conducted by Development Associates. Inc. for the U.S. Agency for International Development/CAR to evaluate the Central Asia Regional Training Program. The purpose of the evaluation is to help the USAID/CAR/PS office better understand participant training experiences, and to determine if program adjustments need to be made. Your answers are very important in this effort and are completely confidential. Thank you for your cooperation.

1. What were the objectives of the training program? (**Please select all that apply**)
    - ( ) To improve my skills in the field
    - ( ) To improve my knowledge of current principles in the field
    - ( ) To understand/learn international approaches
    - ( ) The objectives were not defined

2. How well did your training program meet your expectations? (**Please check only one response**)
    - ( ) Extremely well
    - ( ) Well
    - ( ) Somewhat
    - ( ) Not at all

3. What selection processes were used for you to participate in this training? (**Please select all that apply**)
    - ( ) I was recommended
    - ( ) There were selection criteria
    - ( ) I completed a written application form
    - ( ) There was an interview
    - ( ) I do not know

4. Since completing the training course, I have been able to apply my new skills and knowledge: (**Please check one response**)
    - ( ) Regularly, or routinely
    - ( ) Occasionally
    - ( ) Somewhat
    - ( ) Rarely
    - ( ) Not at all

5. Which of the following activities have you carried out since your training? (**Please select all that apply**)
    - ( ) Developed an action plan, individual project, or other implementation plan
    - ( ) Trained others
    - ( ) Made oral presentations
    - ( ) Conducted magazine, newspaper, radio, and/or television interviews
    - ( ) Other activities related to the training
    - ( ) No activities have been conducted to date

6. Since my training I have helped introduce in my workplace the following: (**Please select all that apply**)
   ( ) Tactics or strategies
   ( ) Program and technical content
   ( ) Management improvements
   ( ) None to date

7. What types of change do you think happened as a result of your training? (**Please select all that apply**)
   ( ) I feel greater confidence in my job skills
   ( ) I have been able to transfer some of these skills to colleagues
   ( ) Changes have been introduced in my organization that have made it more efficient or effective
   ( ) My organization introduced or influenced changes in rules, laws, legislation, or curriculum reform that is, or will be, beneficial
   ( ) Other changes not listed here
   ( ) No changes resulted from my training

8. How much effect has your participation in the training had in the capacity of your organization to do its work? (**Please check only one response**)
   ( ) My training greatly enhanced the capacity of my organization to do its work
   ( ) My training somewhat enhanced the capacity of my organization to do its work
   ( ) My training did not enhance the capacity of my organization to do its work

9. How much of an affect has your training had on your capacity to do your job? (**Please check only one response**)
   ( ) My training greatly enhanced my capacity to do my work
   ( ) My training somewhat enhanced my capacity to do my work
   ( ) My training did not enhance my capacity to do my work

10. Did anyone else from your organization participate in this same training? (**Please check only one response**)
    ( ) Yes
    ( ) No

11. What was your profession at the time of this training? (**Please check only one response.**)

( ) banker	( ) NGO leader	( ) power official
( ) accountant	( ) student	( ) oil & gas official
( ) journalist	( ) nurse	( ) tax official
( ) manager	( ) doctor	( ) ministry official
( ) lawyer	( ) family practitioner	( ) local government leader
( ) entrepreneur	( ) health official	( ) political party leader
( ) university instructor	( ) customs official	( ) legislator
( ) civic education teacher	( ) water official	( ) other

ID NUM: _____

Анкета участника стажировки

Настоящая анкета является частью исследования, проводимого фирмой Development Associates для Агентства Международного Развития США (USAID/CAR/PS) с целью оценки эффективности региональной стажировочной программы стран Центральной Азии. Цель подобного исследования – помочь USAID/CAR оценить результаты стажировочной программы, а также определить, есть ли необходимость вносить в эту программу какие-либо коррективы. В связи с этим ваши ответы на вопросы анкеты очень важны, они будут храниться в полной конфиденциальности. Мы благодарим Вас за сотрудничество.

1) Цели Вашего участи в прошедшей программе стажировки (укажите все возможные ответы):
   ☐ Улучшение навыков в этой области
   ☐ Укрепление знаний современной методики в данной области
   ☐ Понимание/изучение основы международной практики в этой области
   ☐ Цели не были ясными

2) Оправдались ли Ваши ожидания по итогам данной программы (укажите только один ответ):
   ☐ Более чем оправдались
   ☐ В целом оправдались
   ☐ В чем-то оправдались, в чем-то нет
   ☐ Совершенно не оправдались

3) Каким образом Вы были выбраны для участия в этой программе (укажите все возможные ответы):
   ☐ Меня рекомендовали
   ☐ Я прошел (-ла) критерии отбора
   ☐ Я подал (-а) письменное заявление
   ☐ Я прошел (-ла) интервью
   ☐ Я не знаю

4) По окончании программы стажировки я применяю полученные знания и опыт (укажите только один ответ):
   ☐ Регулярно/постоянно
   ☐ Время от времени
   ☐ Иногда
   ☐ Очень редко
   ☐ Никогда

5) Что из ниже перечисленного Вам удалось осуществить в результате участия в данной программе (укажите все возможные варианты ответов)?
   ☐ Разработал (-а) план действий, нндивидуальный проект или любое другое практическое использование навыков, приобретенных в ходе стажировки
   ☐ Тренировал (-а) других
   ☐ Проводил (-а) презентацию
   ☐ Давал (-а) интервью журналам/газетам/радио/ТВ
   ☐ Другие виды деятельности, связанные со стажировкой
   ☐ Ничего не было сделано на данный момент

6) В результате прохождения программы я внес(-ла) следующие предложения на моей работе (укажите все варианты ответов):
- ☐ Улучшение тактики/стратегии
- ☐ Улучшение программ /их технического содержания
- ☐ Совершенствование управления
- ☐ Пока ничего

7) Какие перемены, по-вашему, произошли в результате Вашей стажировки (укажите все возможные варианты ответов)?
- ☐ Я чувствую большую уверенность в моих навыках работы
- ☐ Я сумел (-а) передать полученный опыт моим коллегам
- ☐ В нашей организации произошли изменения, в результате которых работа стала более эффективной и продуктивной
- ☐ Наша организация внесла или предложила внести изменения в правила, законы, кодексы или регламенты, которые будут благоприятными
- ☐ Другие не указанные выше перемены
- ☐ Никаких

8) В какой степени ваше участие в программе стажировки повлияло на успехи вашей организации в достижении поставленных целей (укажите только один ответ)?
- ☐ В значительной степени повлияло
- ☐ В какой-то мере повлияло
- ☐ Не повлияло совсем

9) В какой степени Ваше участие в программе стажировки повлияло на Ваши личные успехи в работе (укажите только один ответ)?
- ☐ В значительной степени повлияло
- ☐ В какой-то мере повлияло
- ☐ Не повлияло совсем

10) Участвовал ли кто-либо еще из Вашей организации в данной программе (укажите только один ответ)?
- ☐ Да
- ☐ Нет

11) Какова была Ваша профессия на момент участия в программе стажировки (укажите только один ответ)?

( ) банкир	( ) лидер НПО	( ) работник силового ведомства
( ) бухгалтер	( ) студент	( ) нефтяник/газовик
( ) журналист	( ) мед.сестра	( ) налоговик
( ) менеджер	( ) врач	( ) служащий министерства
( ) юрист	( ) семейный врач	( ) работник местного управления
( ) предприниматель	( ) работник Минздрава	( ) лидер политической партии
( ) преподаватель ВУЗа	( ) таможенник	( ) законодатель
( ) школьный учитель	( ) работник Водоканала	( ) прочее

APPENDIX D
LIST OF DOCUMENTS REVIEWED

1. "In-country/Third-Country Training Final Report: Revenue Forecasting Methodologies." Fiscal Reform/KPMG/Barents Group LLC, USAID Central Asia Regional Training Program, START Project,

2. AED Office and Staff Lists

3. Agenda for AED/USAID Regional Workshop on START Project, May 23-27, 2002.

4. Directory of USAID Funded Training Programs and Policies in the CAR, AED, 2002.

5. Guidance for USAID Implementing Partners on the "START" Participant Training Program, AED, June 2002 (See also Appendix J)

6. Kazakhstan Portfolio Overview, USAID/Central Asia Region, no date.

7. Kyrgyz Republic Portfolio Overview, USAID/Central Asia Region, no date.

8. List of USG Grantee and Contractor Representatives based in Kazakhstan, USAID, February 27, 2003.

9. "Monitoring and Evaluation System," START/CAR, AED, December 2002.

10. Otero, Cecelia, "Global Training for Development, Diagnostic Review of Exit Questionnaire Data 1997-2002" Central Asia Republics, AED, December 12, 2002.

11. Participant Training Project Exit Questionnaire, AED/USAID, January 24, 2002.

12. Training Plan, Financials 1998, 1999, 2000 – 2001, 2002 – 2003

13. Success Stories

14. Summary of USAID CAR "START" Training Programs and Results, AED, 2002

15. Summary of USAID/CAR "START" Participant Training Program Launch in Summer of 2002, AED, 2002

16. Tajikistan Portfolio Overview, USAID/Central Asia Region, no date.

17. Training Request Form for "START", USAID/CAR/AED.

18. Turkmenistan Portfolio Overview, USAID/Central Asia Region, no date.

19. Quarterly Performance·and Quarterly Reports for:

- January 3 - April 2, 1997
- April 3 - July 2, 1997
- July 3 - October 2, 1997
- October 3, 1997 - January 2, 1998
- January 3, 1998 - April 2, 1998
- April 3, 1998 - July 2, 1998
- July 3, 1998 - October 2, 1998, October 11, 1998
- October 3, 1998 - January 2, 1999, January 12, 1999
- January 3, 1999 - April 2, 1999, April 14, 1999
- April 3, 1999 – July 2, 1999, July 13, 1999
- July 3, 1999 – October 2, 1999, October 29, 1999
- October 3, 1999 – January 2, 2000, January 13, 2000
- January 3, 2000 – April 2, 2000, April 14, 2000

- April 3, 2000 – July 2, 2000, July 13, 2000
- July 3, 2000 - October 2, 2000, October 13, 2000
- October 3, 2000 – January 2, 2001, January 18, 2001
- January 2 – March 31, 2001, April 12, 2001
- April 3 – July 2, 2001, July 12, 2001
- July 3 – October 2, 2001, October 12, 2001
- October 3, 2001 – January 2, 2002, January 15, 2002
- January 3-April 2, 2002, April 5, 2002
- April 3-July 2, 2002, July 23, 2002
- July 3-October 2, 2002, October 22, 2002
- October 3, 2002 - January 3, 2003, January 21, 2003

20. USAID Brochures for CAR – Uzbekistan, Kazakhstan, Tajikistan, Turkmenistan, and Kyrgyzstan.

21. USAID Training Plan for Central Asia Region (Overall Program) for 1999-2000, 2000-2001, and 2002, AED/USAID, February 8, 2003.

22. USAID/CAR "Training Roles and Responsibilities," May 2002.

23. USAID/CAR Participant Training Project – AED Management of project in CAR countries.

24. Uzbekistan Portfolio Overview, USAID/Central Asia Region, no date.

25. AED Reports Reviewed

26. Training activity summaries reviewed for qualitative research:

Summaries were reviewed prior to In-depth Interviews and FGDs conducted with PTP Alumni Participants (all reference numbers are preceded by PTP 115...)

TC99021	IC00034	IC99929	US99030
TC00047	IC00068	IC99950	US98009
US99034	IC02002	TC00056	IC98024
TC99144	IC99205	IC00041	US99034
TC99174	IC99212	IC02913	TC02028
TC00056	TC00006	US97003	IC99118
US97001	TC02031	IC97070	TC00010
TC02015	TC02038	US99030	TC02015
TC99020	TC02043	TC00061	TC02028
US98006	TC97003	US98002	TC99115
US97014	TC99023	US98009	TC00017

- IC00951
- US97001
- US99022
- US00005
- IC00944
- IC99211
- IC00955
- IC02926
- IC99213

- TC99063
- TC99070
- TC99126
- US00002
- US00003
- US97014
- US99033
- US99040
- US99948

- IC00041
- TC00047
- TC99163
- US97007
- TC98005
- US97003
- US97003
- IC97116
- TC00027

- IC97072
- US98021
- US00002
- TC99098
- US98006
- US00003
- TC00056
- IC99132
- TC99098

APPENDIX E
ADDITIONAL RESEARCH SPECIFICS

Research Assumptions

In developing the quantitative survey and qualitative question guides (see Appendix C). the evaluation team developed overall objectives implicitly stated in the Scope of Work:

A.   Detail the results of the PTP

  1.   Determine whether PT has encouraged changes in behavior
  2.   Detail how training has been used/applied
  3.   Determine if there are gaps between participant expectations and what they actually realized
  4.   Assess participant perceptions of the impact of PT
  5.   Assess organizational perceptions of the impact of PAT
  6.   Identify the process(es) of trainee recruitment of the PTP
  7.   Identify PTP implementation challenges from the perspectives of USAID. AED. TA contractors/grantees, host country organizations with PTP recipients. other
  8.   Determine lessons learned from CAR PTP and other participant training efforts that can add value to future programs in the CAR

B.   Prepare "actionable" recommendations based on findings and conclusions

Process Steps

  1.   Interview USAID Country staff
  2.   Talk with AED to:
    - Organize interviews with AED Country Representative and at least one other staff member
    - Identify TA contractors to interview (at least 4 if possible – one per sector of economics, democracy. health. and energy)
    - Organize qualitative research to be conducted (8 in-depth participant interviews, 8 corresponding organizational interviews. and 4 FGDs) and quantitative data to be collected
    - Once 8 in-depth participant interview have been scheduled/determined. request the 8 corresponding TARFs from AED/Almaty by email or fax
  3.   Conduct interviews with AED Country Representative and at least one other staff member
  4.   Work with hired staff to conduct/complete quantitative surveys by phone
  5.   Interview TA contractors
  6.   Carry out PTP participant and organization interviews:
    - Conduct FGD with PTP participants (carry out by "sector" if possible. i.e. health. democracy. economics. and energy)
    - Review. if possible. appropriate TARFs for individual interviews
    - Interview PTP participant

- Interview same PTP participant's organizational representative (preferably the participant's supervisor)

Overview of Sample

TABLE E1
Total Sample Size by Data Sources and Methodology

Data Sources	Methodologies to be Used and Sample Sizes		
	Survey	FGD	In-depth Interview
Primary Data Sources:			
PTP Participants	319	8*	36
PTP Organizations	-	-	17
Secondary Data Sources:			
TA Contractors/Grantees/Implementing Organizations	-	-	46
AED Staff	-	-	17
USAID Staff	-	-	29

* 8 FGDs for a total of 42 PTP participants

Quantitative Research

BOX E1
Characteristics of the CAR Participant Training Sample

The sample of training participants was drawn with the intention of having 400 completed responses (i.e., a 50% response rate from the 800 individuals in the sample). On average, this number of responses would generate proportion estimates for the overall sample that would be accurate to within +/- .05 with a 95% percentage confidence level. What this means in English is that if 50% of respondents say "X" in response to a question, that we are 95 percent sure that if all participants were surveyed, that the actual answer would be between 45% and 55%. Obtaining a response rate higher than 50% would mean that our precision would be even greater.

For subgroups of the sample, the precision of estimates would obviously be lower. For example, there are five Strategic Objectives (SOs) being studied. Assuming 50% response and equal numbers of responses per SO (e.g., 80 responses per SO), the precision of estimates for each SO would be approximately +/- .11. Thus, if 50% of respondents say "Y" in response to a question, then we are 95 percent sure that if all participants were surveyed, that the actual answer would be between 39% and 61%.

The sample was drawn paying particular attention to the location of the training and to the relevant SO. Because there were so few U.S. trained participants, we selected them all so that we could draw conclusions about them even assuming a 50% response rate. We also over-sampled participants receiving third-country training (i.e., picked more proportionally) so that we could draw conclusions about this group. Experience with other studies has shown that the variables being examined often vary by location of training, so we sampled to allow such comparisons.

In terms of SOs, we sampled approximately equal numbers of in-country and third-country participants within each of the five SOs so that we could make comparisons. Because the Scope of Work requested that we examine the training program along SO lines we wanted sufficient numbers to make such comparisons.

We also arranged our sampling in such a way that participants would be selected proportionally across country and date of training. Hopefully this would allow a good cross-section across these variables.

Qualitative Research

The following tables indicate the qualitative research coverage achieved across the region, by country, by strategic objective, and by location of training – in country (IC), third country (TC), and US – and by data source.

TABLE E3
Participant Qualitative Research Coverage Regionally
and by Country for Strategic Objectives

Strategic Objective	Kazakhstan	Kyrgyz Republic	Tajikistan*	Turkmenistan*	Uzbekistan	TOTAL Regionally
1.2/1.3 (EF)	7	3	2	1	11	24
1.6 (EW)	1	4	1	1	6	13
2.1 (DM)	10	4	1	1	6	22
3.2 (HP)	2	3	1	1	12	19
TOTAL by Country	20	14	5	4	35	78

(* Phone interviews carried out)

TABLE E4
Participant Qualitative Research Coverage Regionally
and By Country for Location of Training

Location of Training	Kazakhstan	Kyrgyz Republic	Tajikistan	Turkmenistan	Uzbekistan	TOTAL Regionally
IC	4	5	-	2	10	21
TC	10	6	4	-	10	30
US	6	3	1	2	15	27
TOTAL by Country	20	14	5	4	35	78

TABLE E5
TA Contractor Qualitative Research Coverage Regionally
and by Country for Strategic Objectives
(represents total number of organizations contacted, not number
of persons interviewed, see Table E6)

Strategic Objective	Regional Office	Kazakhstan	Kyrgyz Republic	Tajikistan	Turkmenistan	Uzbekistan
1.2/1.3 (EF)	1	1	2	1	1	1
1.6 (EW)	1	1	-	-	-	1
2.1 (DM)	2	1	1	1	-	1
3.2 (HP)	3	1	2	1	2	2
TOTAL by Country	7	4	5	3	3	5

TABLE E6
Total Number of Persons Interviewed by Secondary Data Sources

Area	AED	USAID	TA/G/CA	TOTAL
Regional	6	16	10	32
Kazakhstan	-	-	7	7
Kyrgyz Republic	3	6	12	21
Tajikistan	2	1	4	7
Turkmenistan	1	3	3	7
Uzbekistan	5	3	10	18
TOTAL	17	29	46	92

CAR PTP Annexes A-E   Eval IQC 26

APPENDIX F
SPECIFIC QUANTITATIVE FINDINGS

·APPENDIX F
SPECIFIC QUANTITATIVE FINDINGS

- Frequency data: Total PTP population, Feb 1997-Feb 2003

- Frequency data: Total population days of training, Feb 1997-Feb 2003

- Crosstabulation: Questionnaire Responses by Strategic Objective

- Crosstabulation: Questionnaire Responses by Country

- Crosstabulation: Question 8 by Questions 5, 6,and 10; Question 7 by Question 9: Question 2 by Question 4

- Crosstabulation: Question 11 by Questions 1 to 10

Frequency Data from the MISTER Database, all data, n=14275

a. Total number of different trainings conducted/contracted by AED, 23 Feb 1997 to 19 Feb 2003. N=703.

b. Total number of people trained, 23 Feb 1997 to 19 Feb 2003. N=14275.

c. Number of trainings by type (e.g., in-country, third country, US), 23 Feb 1997 to 19 Feb 2003

	Frequency	Valid Percent
In-Country	425	60.5
Third-Country	238	33.9
U.S.	40	5.7
Total	703	100.0

Number of participants by type (e.g., in-country, third country, US), 23 Feb 1997 to 19 Feb 2003

	Frequency	Valid Percent
In-Country	12307	86.2
Third-Country	1737	12.2
U.S.	231	1.6
Total	14275	100.0

d. Number of trainings by SO, 23 Feb 1997 to 19 Feb 2003

	Frequency	Valid Percent
1.2	131	18.6
1.3	193	27.5
1.6	25	3.6
2.1	237	33.7
3.2	117	16.6
Total	703	100.0

Number of participants by SO (combine 1.2 and 1.3?), Jan 23 Feb 1997 to 19 Feb 2003

	Frequency	Valid Percent
1.2	2081	14.6
1.3	4980	34.9
1.6	448	3.1
2.1	4228	29.6
3.2	2538	17.8
Total	14275	100.0

e. Number of trainings by duration in that period:

	Frequency	Valid Percent
< 3 days	124	17.6
3 to 5 days	300	42.7
6 to 10 days	100	14.2
11 to 31 days	113	16.1
32 days to 365 days	65	9.2
more than 365 days	1	0.1
Total	703	100.0

Number of participants by duration in that period:

	Frequency	Valid Percent
< 3 days	2257	15.8
3 to 5 days	4233	29.7
6 to 10 days	1256	8.8
11 to 31 days	2435	17.1
32 days to 365 days	4089	28.6
more than 365 days	5	0.0
Total	14275	100.0

Number of participants:

LENGREC		Frequency	Valid Percent
Valid	1.00 <3 days	2257	15.8
	2.00 3 to 5 days	4233	29.6
	3.00 6 to 10 days	1256	8.8
	4.00 11 to 31 days	2435	17.
	5.00 32 to 365 days	4089	28.6
	6.00 more than 365 days	5	0.0
	Total	14275	100

Number of trainings:

LENGREC		Frequency	Valid Percent
Valid	1.00 <3 days	124	17.6
	2.00 3 to 5 days	300	42.7
	3.00 6 to 10 days	100	14.2
	4.00 11 to 31 days	113	16.1
	5.00 32 to 365 days	65	9.2
	6.00 more than 365 days	1	0.1
	Total	703	100

Total Training Population, Feb 1997 to Feb 2003

Days of training (background data, N=14275)

TRNLENG

		Frequency	Valid Percent
Valid	1	765	5.4
	2	1492	10.5
	3	1768	12.4
	4	963	6.7
	5	1502	10.5
	6	733	5.1
	7	173	1.2
	8	78	0.5
	9	53	0.4
	10	219	1.5
	11	110	0.8
	12	472	3.3
	13	68	0.5
	14	38	0.3
	15	207	1.5
	16	88	0.6
	17	3	0.0
	18	157	1.1
	19	113	0.8
	20	130	0.9
	21	103	0.7
	22	14	0.1
	23	48	0.3
	24	479	3.4
	25	16	0.1
	26	96	0.7
	27	70	0.5
	29	2	0.0
	30	85	0.6
	31	136	1.0
	32	37	0.3
	33	92	0.6
	34	40	0.3
	35	2	0.0
	37	9	0.1
	38	51	0.4
	39	85	0.6
	40	36	0.3
	41	1	0.0
	42	6	0.0
	43	229	1.6
	44	2	0.0
	46	50	0.4
	49	5	0.0
	50	148	1.0
	51	16	0.1

54	81	0.6
55	63	0.4
58	98	0.7
60	96	0.7
62	126	0.9
68	206	1.4
72	259	1.8
74	4	0.0
75	9	0.1
89	173	1.2
91	43	0.3
92	53	0.4
95	97	0.7
96	136	1.0
103	199	1.4
118	175	1.2
119	96	0.7
126	23	0.2
138	124	0.9
144	2	0.0
147	11	0.1
148	28	0.2
152	103	0.7
172	33	0.2
206	57	0.4
213	6	0.0
261	713	5.0
290	136	1.0
297	1	0.0
307	48	0.3
365	81	0.6
367	5	0.0
Total	14275	100

Training Participants Questionnaire

Crosstabulation: Questionnaire Responses by SO

Item 1 by SO (counts)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES1	1.00 TRN PRG OBJ: improve my skills in the field	15	24.0	16	46	33	134
	2.00 TRN PRG OBJ: improve my knowledge of current principles in the field	25	42.0	24	35	45	171
	3.00 TRN PRG OBJ: understand/learn international approaches	18	42.0	18	46	50	174
	4.00 TRN PRG OBJ: objectives were not defined	1	1.0				2
Total		43	74.0	37	88	77	319

Item 1 by SO (percents)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES1	1.00 TRN PRG OBJ: improve my skills in the field	34.9	32.4	43.2	52.3	42.9	42.0
	2.00 TRN PRG OBJ: improve my knowledge of current principles in the field	58.1	56.8	64.9	39.8	58.4	53.6
	3.00 TRN PRG OBJ: understand/learn international approaches	41.9	56.8	48.6	52.3	64.9	54.5
	4.00 TRN PRG OBJ: objectives were not defined	2.3	1.4				0.6

Item 2 by SO (counts)

RECV2 How well did the training meet your expectations? * SO Crosstabulation							
Count		SO					Total
		1.2	1.3	1.6	2.1	3.2	
RECV2 How well did the training meet your expectations?	1.00 Not at all	3		2	1	1	7
	2.00 Somewhat	9	10	8	14	8	49
	3.00 Well	24	45	18	44	42	173
	4.00 Extremely well	7	19	9	29	26	90
Total		43	74	37	88	77	319

Item 2 by SO (percents)

RECV2 How well did the training meet your expectations? * SO Crosstabulation							
% within SO							
		SO					Total
		1.2	1.3	1.6	2.1	3.2	
RECV2 How well did the training meet your expectations?	1.00 Not at all	7.0		5.4	1.1	1.3	2.2
	2.00 Somewhat	20.9	13.5	21.6	15.9	10.4	15.4
	3.00 Well	55.8	60.8	48.6	50.0	54.5	54.2
	4.00 Extremely well	16.3	25.7	24.3	33.0	33.8	28.2
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 3 by SO (counts)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES3	1.00 Selection process: recommended	34	54	30	53	57	228
	2.00 Selection process: selection criteria	5	16	5	37	21	84
	3.00 Selection process: application form		8	3	10	3	24
	4.00 Selection process: interview	5	7	3	5	5	25
	5.00 Selection process: Don't know	1	4	2	3	4	14
Total		43	74	37	88	77	319

Item 3 by SO (percents)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES3	1.00 Selection process: recommended	79.1	73.0	81.1	60.2	74.0	71.5
	2.00 Selection process: selection criteria	11.6	21.6	13.5	42.0	27.3	26.3
	3.00 Selection process: application form		10.8	8.1	11.4	3.9	7.5
	4.00 Selection process: interview	11.6	9.5	8.1	5.7	6.5	7.8
	5.00 Selection process: Don't know	2.3	5.4	5.4	3.4	5.2	4.4

Item 4 by SO (counts)
RECV4 As a result of completing the training course, I have been able to apply my new skills and knowledge

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Not at all	3	2			1	6
2.00 Rarely	3	2	2	1	3	11
3.00 Somewhat	6	6	4	6	3	25
4.00 Occasionally	11	19	14	20	17	81
5.00 Regularly or routinely	20	45	17	61	53	196
TOTAL	43	74	37	88	77	319

Item 4 by SO (percents)
RECV4 As a result of completing the training course, I have been able to apply my new skills and knowledge * SO Crosstabulation
% within SO

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Not at all	7.0	2.7			1.3	1.9
2.00 Rarely	7.0	2.7	5.4	1.1	3.9	3.4
3.00 Somewhat	14.0	8.1	10.8	6.8	3.9	7.8
4.00 Occasionally	25.6	25.7	37.8	22.7	22.1	25.4
5.00 Regularly or routinely	46.5	60.8	45.9	69.3	68.8	61.4
	100.0	100.0	100.0	100.0	100.0	100.0

Item 5 by SO (counts)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES5	1.00 Post TRN: Action plan	14	51	18	53	47	183
	2.00 Post TRN: Trained others	13	33	16	52	40	154
	3.00 Post TRN: Oral presentations	8	17	10	31	31	97
	4.00 Post TRN: Media interviews	2	12	8	26	14	62
	5.00 Post TRN: Other	10	18	6	30	17	81
	6.00 Post TRN: None	8	6	5	1	5	25
Total		43	74	37	88	77	319

Item 5 by SO (percents)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES5	1.00 Post TRN: Action plan	32.6	68.9	48.6	60.2	61.0	57.4
	2.00 Post TRN: Trained others	30.2	44.6	43.2	59.1	51.9	48.3
	3.00 Post TRN: Oral presentations	18.6	23.0	27.0	35.2	40.3	30.4
	4.00 Post TRN: Media interviews	4.7	16.2	21.6	29.5	18.2	19.4
	5.00 Post TRN: Other	23.3	24.3	16.2	34.1	22.1	25.4
	6.00 Post TRN: None	18.6	8.1	13.5	1.1	6.5	7.8

Item 6 by SO (counts)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES6	1.00 Post TRN: Strategies	13	27	11	43	36	130
	2.00 Post TRN: Content	12	24	16	32	41	125
	3.00 Post TRN: Mgmt improv	15	34	14	33	34	130
	4.00 Post TRN: None	11	8	7	11	7	44
Total		42	74	37	88	77	318

Item 6 by SO (percents)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES6	1.00 Post TRN: Strategies	31.0	36.5	29.7	48.9	46.8	40.9
	2.00 Post TRN: Content	28.6	32.4	43.2	36.4	53.2	39.3
	3.00 Post TRN: Mgmt improv	35.7	45.9	37.8	37.5	44.2	40.9
	4.00 Post TRN: None	26.2	10.8	18.9	12.5	9.1	13.8

94

Item 7 by SO (counts)

		SO 1.2	SO 1.3	SO 1.6	SO 2.1	SO 3.2	Total
$SERIES7	1.00 Result TRN: Confidence in skills	11	42	17	45	49	164
	2.00 Result TRN: Transfer skill to colleagues	22	44	18	57	58	199
	3.00 Result TRN: Effective changes in org	11	31	14	45	42	143
	4.00 Result TRN: Org influenced legislation change	8	31	9	16	21	85
	5.00 Result TRN: Other changes	1	6	2	12	4	25
	6.00 Result TRN: No changes	3	1	4	2		10
Total		43	74	37	88	76	318

Item 76 by SO (percents)

		1.2	1.3	1.6	2.1	3.2	Total
$SERIES7	1.00 Result TRN: Confidence in skills	25.6	56.8	45.9	51.1	64.5	51.6
	2.00 Result TRN: Transfer skill to colleagues	51.2	59.5	48.6	64.8	76.3	62.6
	3.00 Result TRN: Effective changes in org	25.6	41.9	37.8	51.1	55.3	45.0
	4.00 Result TRN: Org influenced legislation change	18.6	41.9	24.3	18.2	27.6	26.7
	5.00 Result TRN: Other changes	2.3	8.1	5.4	13.6	5.3	7.9
	6.00 Result TRN: No changes	7.0	1.4	10.8	2.3		3.1

Item 8 by SO (counts)
RECV8 How much effect has your participation in the training had in the capacity of your organization to do its work? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Did not enhance	6	4	3	3	4	20
2.00 Somewhat enhanced	29	35	21	44	31	160
3.00 Greatly enhanced	8	35	13	41	42	139
	43	74	37	88	77	319

Item 8 by SO (percents)
RECV8 How much effect has your participation in the training had in the capacity of your organization to do its work? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Did not enhance	14.0	5.4	8.1	3.4	5.2	6.3
2.00 Somewhat enhanced	67.4	47.3	56.8	50.0	40.3	50.2
3.00 Greatly enhanced	18.6	47.3	35.1	46.6	54.5	43.6
	100.0	100.0	100.0	100.0	100.0	100.0

Item 9 by SO (counts)

RECV9 How much of an effect has your training had on your capacity to do your job? * SO
Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Did not enhance	5	2	2	1		10
2.00 Somewhat enhanced	15	29	16	35	29	124
3.00 Greatly enhanced	23	43	19	52	48	185
	43	74	37	88	77	319

Item 9 by SO (percents)

RECV9 How much of an effect has your training had on your capacity to do your job? * SO
Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 Did not enhance	11.6	2.7	5.4	1.1		3.1
2.00 Somewhat enhanced	34.9	39.2	43.2	39.8	37.7	38.9
3.00 Greatly enhanced	53.5	58.1	51.4	59.1	62.3	58.0
	100.0	100.0	100.0	100.0	100.0	100.0

Item 10 by SO (counts)

RECV10 Did anyone else from your organization participate in this same training? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
.00 No	14	38	20	53	27	152
1.00 Yes	29	36	17	35	49	166
	43	74	37	88	76	318

Item 10 by SO (percents)

RECV10 Did anyone else from your organization participate in this same training? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
.00 No	32.6	51.4	54.1	60.2	35.5	47.8
1.00 Yes	67.4	48.6	45.9	39.8	64.5	52.2
	100.0	100.0	100.0	100.0	100.0	100.0

Item 11 by SO (counts)

RECV11 What was your profession at the time of this training? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 banker	4	4	1			9
2.00 accountant	2	2	1	2	1	8
3.00 journalist				2		2
4.00 manager		2	1	5	3	11
5.00 lawyer	2	14		10		26
6.00 entrepreneur		5	1			6
7.00 University Instructor		14	3	2	1	20
8.00 Civic education teacher	1			3		4

9.00 NGO leader		1	3	23	3	30
10.00 student	.	2	2	12	1	17
11.00 nurse				1	4	5
12.00 doctor		3			28	31
13.00 family practitioner					2	2
14.00 health official					20	20
15.00 customs official		3				3
16.00 water official			4			4
17.00 power official		1				1
19.00 tax official	13					13
20.00 ministry official	13	5	7	5	3	33
21.00 local government leader	2	1		1	3	7
22.00 political party leader				1		1
23.00 legislator		4			1	5
24.00 other	6	13	14	19	7	59
	43	74	37	86	77	317

Item 11 by SO (percents)

RECV11 What was your profession at the time of this training? * SO Crosstabulation

	SO					Total
	1.2	1.3	1.6	2.1	3.2	
1.00 banker	9.3	5.4	2.7			2.8
2.00 accountant	4.7	2.7	2.7	2.3	1.3	2.5
3.00 journalist				2.3		0.6
4.00 manager		2.7	2.7	5.8	3.9	3.5
5.00 lawyer	4.7	18.9		11.6		8.2
6.00 entrepreneur		6.8	2.7			1.9
7.00 University Instructor		18.9	8.1	2.3	1.3	6.3
8.00 Civic education teacher	2.3			3.5		1.3
9.00 NGO leader		1.4	8.1	26.7	3.9	9.5
10.00 student		2.7	5.4	14.0	1.3	5.4
11.00 nurse				1.2	5.2	1.6
12.00 doctor		4.1			36.4	9.8
13.00 family practitioner					2.6	0.6
14.00 health official					26.0	6.3
15.00 customs official		4.1				0.9
16.00 water official			10.8			1.3
17.00 power official		1.4				0.3
19.00 tax official	30.2					4.1
20.00 ministry official	30.2	6.8	18.9	5.8	3.9	10.4
21.00 local government leader	4.7	1.4		1.2	3.9	2.2
22.00 political party leader				1.2		0.3
23.00 legislator		5.4			1.3	1.6
24.00 other	14.0	17.6	37.8	22.1	9.1	18.6
	100.0	100.0	100.0	100.0	100.0	100.0

Overall data:

TRAINLOC		Frequency	Valid Percent
Valid	In-Country	99	31.0
	Third-Country	122	38.2
	U.S.	98	30.7
	Total	319	100.0

SO		Frequency	Valid Percent
Valid	1.2	43	13.5
	1.3	74	23.2
	1.6	37	11.6
	2.1	88	27.6
	3.2	77	24.1
	Total	319	100.0

Days of training

TRNLENG		Frequency	Valid Percent
Valid	1	16	5.015674
	2	29	9.090909
	3	33	10.34483
	4	14	4.388715
	5	47	14.73354
	6	16	5.015674
	7	5	1.567398
	8	7	2.194357
	9	3	0.940439
	10	10	3.134796
	11	8	2.507837
	12	17	5.329154
	13	1	0.31348
	14	5	1.567398
	15	12	3.761755
	16	15	4.702194
	17	1	0.31348
	18	7	2.194357
	20	12	3.761755
	21	2	0.626959
	22	4	1.253918
	23	1	0.31348
	24	3	0.940439
	25	2	0.626959
	26	15	4.702194
	27	9	2.821317
	29	1	0.31348
	31	1	0.31348
	33	1	0.31348

	39	1	0.31348
	54	1	0.31348
	60	3	0.940439
	62	2	0.626959
	68	3	0.940439
	72	2	0.626959
	91	1	0.31348
	96	1	0.31348
	103	4	1.253918
	119	1	0.31348
	152	1	0.31348
	261	1	0.31348
	365	1	0.31348
	Total	319	100

Crosstabulation: Questionnaire Responses by Country

. Item 1 by Country (counts)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
SSERIES1	1.00 TRN PRG OBJ: improve my skills in the field	42	15	28	20	29	134
	2.00 TRN PRG OBJ: improve my knowledge of current principles in the field	58	21	36	24	32	171
	3.00 TRN PRG OBJ: understand/learn international approaches	38	34	49	13	40	174
	4.00 TRN PRG OBJ: objectives were not defined	0	1	0	0	1	2

Item 1 by Country (percents)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
SSERIES1	1.00 TRN PRG OBJ: improve my skills in the field	42	30.6	39.4	50.0	49.2	42.0
	2.00 TRN PRG OBJ: improve my knowledge of current principles in the field	58	42.9	50.7	60.0	54.2	53.6
	3.00 TRN PRG OBJ: understand/learn international approaches	38	69.4	69.0	32.5	67.8	54.5
	4.00 TRN PRG OBJ: objectives were not defined	0	2.0	0.0	0.0	1.7	0.6

Item 2 by Country (counts)

RECV2 How well did the training meet your expectations? * COUNTRY Crosstabulation

Count		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Not at all	3	1		1	2	7
	2.00 Somewhat	18	8	6	9	8	49
	3.00 Well	58	28	37	19	31	173
	4.00 Extremely well	21	12	28	11	18	90
Total		100	49	71	40	59	319

Item 2 by Country (percents)

RECV2 How well did the training meet your expectations? * COUNTRY Crosstabulation

% within COUNTRY							
		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Not at all	3.0	2.0		2.5	3.4	2.2
	2.00 Somewhat	18.0	16.3	8.5	22.5	13.6	15.4
	3.00 Well	58.0	57.1	52.1	47.5	52.5	54.2
	4.00 Extremely well	21.0	24.5	39.4	27.5	30.5	28.2
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 3 by Country (counts)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES3	1.00 Selection process: recommended	74	36	48	28	42	228
	2.00 Selection process: selection criteria	16	12	23	15	18	84
	3.00 Selection process: application form	5	8	6	4	1	24
	4.00 Selection process: interview	9	4	5	5	2	25
	5.00 Selection process: Dont know	5	1	6	0	2	14
Total		100	49	71	40	59	319

Item 3 by Country (percents)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES3	1.00 Selection process: recommended	74	73.5	67.6	70.0	71.2	71.5
	2.00 Selection process: selection criteria	16	24.5	32.4	37.5	30.5	26.3
	3.00 Selection process: application form	5	16.3	8.5	10.0	1.7	7.5
	4.00 Selection process: interview	9	8.2	7.0	12.5	3.4	7.8
	5.00 Selection process: Dont know	5	2.0	8.5	0.0	3.4	4.4

Item 4 by Country (counts)

RECV4 As a result of completing the training course, I have been able to apply my new skills and knowledge * COUNTRY Crosstabulation

Count		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Not at all	4	1		1		6
	2.00 Rarely	2	4	1	1	3	11
	3.00 Somewhat	12	2	1	5	5	25
	4.00 Occasionally	31	19	10	10	11	81
	5.00 Regularly or routinely	51	23	59	23	40	196
Total		100	49	71	40	59	319

Item 4 by Country (percents)

RECV4 As a result of completing the training course, I have been able to apply my new skills and knowledge * COUNTRY Crosstabulation

% within COUNTRY		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Not at all	4.0	2.0		2.5		1.9
	2.00 Rarely	2.0	8.2	1.4	2.5	5.1	3.4
	3.00 Somewhat	12.0	4.1	1.4	12.5	8.5	7.8
	4.00 Occasionally	31.0	38.8	14.1	25.0	18.6	25.4
	5.00 Regularly or routinely	51.0	46.9	83.1	57.5	67.8	61.4
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 5 by Country (counts)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
SSERIES5	1.00 Post TRN: Action plan	45	40	49	18	31	183
	2.00 Post TRN: Trained others	48	26	40	17	23	154
	3.00 Post TRN: Oral presentations	37	17	11	8	24	97
	4.00 Post TRN: Media interviews	12	12	18	5	15	62
	5.00 Post TRN: Other	22	26	18	9	6	81
	6.00 Post TRN: None	12	0	1	4	8	25
Total		100	49	71	40	59	319

Item 5 by Country (percents)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
SSERIES5	1.00 Post TRN: Action plan	45	81.6	69.0	45.0	52.5	57.4
	2.00 Post TRN: Trained others	48	53.1	56.3	42.5	39.0	48.3
	3.00 Post TRN: Oral presentations	37	34.7	15.5	20.0	40.7	30.4
	4.00 Post TRN: Media interviews	12	24.5	25.4	12.5	25.4	19.4
	5.00 Post TRN: Other	22	53.1	25.4	22.5	10.2	25.4
	6.00 Post TRN: None	12	0.0	1.4	10.0	13.6	7.8

102

Item 6 by Country (counts)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES6	1.00 Post TRN: Strategies	49	15	23	15	28	130
	2.00 Post TRN: Content	31	20	32	15	27	125
	3.00 Post TRN: Mgmt improv	41	19	39	10	21	130
	4.00 Post TRN: None	13	9	7	8	7	44
Total		100	48	71	40	59	318

Item 6 by Country (percents)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES6	1.00 Post TRN: Strategies	49	31.3	32.4	37.5	47.5	40.9
	2.00 Post TRN: Content	31	41.7	45.1	37.5	45.8	39.3
	3.00 Post TRN: Mgmt improv	41	39.6	54.9	25.0	35.6	40.9
	4.00 Post TRN: None	13	18.8	9.9	20.0	11.9	13.8

Item 7 by Country (counts)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES7	1.00 Result TRN: Confidence in skills	40	39	28	18	39	164
	2.00 Result TRN: Transfer skill to colleagues	58	35	52	20	34	199
	3.00 Result TRN: Effective changes in org	41	26	33	15	28	143
	4.00 Result TRN: Org influenced legislation change	35	15	18	4	13	85
	5.00 Result TRN: Other changes	7	10	4	3	1	25
	6.00 Result TRN: No changes	1	2	2	2	3	10
Total		100	49	70	40	59	318

Item 7 by Country (percents)

		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	Total
$SERIES7	1.00 Result TRN: Confidence in skills	40	79.6	40.0	45.0	66.1	51.6
	2.00 Result TRN: Transfer skill to colleagues	58	71.4	74.3	50.0	57.6	62.6
	3.00 Result TRN: Effective changes in org	41	53.1	47.1	37.5	47.5	45.0
	4.00 Result TRN: Org influenced legislation change	35	30.6	25.7	10.0	22.0	26.7
	5.00 Result TRN: Other changes	7	20.4	5.7	7.5	1.7	7.9

103

6.00 Result TRN: No changes		1	4.1	2.9	5.0	5.1	3.1

Item 8 by Country (counts)

RECV8 How much effect has your participation in the training had in the capacity of your organization to do its work? * COUNTRY Crosstabulation

Count		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Did not enhance	6	5	1	3	5	20
	2.00 Somewhat enhanced	56	27	26	23	28	160
	3.00 Greatly enhanced	38	17	44	14	26	139
Total		100	49	71	40	59	319

Item 8 by Country (percents)

RECV8 How much effect has your participation in the training had in the capacity of your organization to do its work? * COUNTRY Crosstabulation

% within COUNTRY		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Did not enhance	6.0	10.2	1.4	7.5	8.5	6.3
	2.00 Somewhat enhanced	56.0	55.1	36.6	57.5	47.5	50.2
	3.00 Greatly enhanced	38.0	34.7	62.0	35.0	44.1	43.6
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 9 by Country (counts)

RECV9 How much of an effect has your training had on your capacity to do your job? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Did not enhance	1	3		2	4	10
	2.00 Somewhat enhanced	41	27	23	15	18	124
	3.00 Greatly enhanced	58	19	48	23	37	185
Total		100	49	71	40	59	319

Item 9 by Country (percents)

RECV9 How much of an effect has your training had on your capacity to do your job? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 Did not enhance	1.0	6.1		5.0	6.8	3.1
	2.00 Somewhat enhanced	41.0	55.1	32.4	37.5	30.5	38.9
	3.00 Greatly enhanced	58.0	38.8	67.6	57.5	62.7	58.0
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 10 by Country (counts)

RECV10 Did anyone else from your organization participate in this same training? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	.00 No	46	32	25	20	29	152
	1.00 Yes	54	16	46	20	30	166
Total		100	48	71	40	59	318

Item 10 by Country (percents)

RECV10 Did anyone else from your organization participate in this same training? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	.00 No	46.0	66.7	35.2	50.0	49.2	47.8
	1.00 Yes	54.0	33.3	64.8	50.0	50.8	52.2
Total		100.0	100.0	100.0	100.0	100.0	100.0

Item 11 by Country (counts)

RECV11 What was your profession at the time of this training? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 banker	3	3			3	9
	2.00 accountant	1	3		1	3	8
	3.00 journalist	1		1			2
	4.00 manager	3	1	4	1	2	11
	5.00 lawyer	8	5	11		2	26
	6.00 entrepreneur	3	1		1	1	6
	7.00 University Instructor	3	3	5	4	5	20
	8.00 Civic education teacher	2		1	1		4
	9.00 NGO leader	4	5	9	9	3	30
	10.00 student	4	2	5	4	2	17
	11.00 nurse		2	2	1		5
	12.00 doctor	7	3	6	2	13	31
	13.00 family practitioner				2		2
	14.00 health official	7	2	4	1	6	20
	15.00 customs	1				2	3

official						
16.00 water official	2	1			1	4
17.00 power official	1					1
19.00 tax official	10	2		1		13
20.00 ministry official	17	1	7		8	33
21.00 local government leader	3	2	1		1	7
22.00 political party leader			1			1
23.00 legislator	2		3			5
24.00 other	17	13	10	12	7	59
Total	99	49	70	40	59	317

Item 11 by Country (percents)

RECV11 What was your profession at the time of this training? * COUNTRY Crosstabulation

		COUNTRY					Total
		Kyrgyzstan	Kazakhstan	Tajikistan	Turkmenistan	Uzbekistan	
	1.00 banker	3.0	6.1			5.1	2.8
	2.00 accountant	1.0	6.1		2.5	5.1	2.5
	3.00 journalist	1.0		1.4			0.6
	4.00 manager	3.0	2.0	5.7	2.5	3.4	3.5
	5.00 lawyer	8.1	10.2	15.7		3.4	8.2
	6.00 entrepreneur	3.0	2.0		2.5	1.7	1.9
	7.00 University Instructor	3.0	6.1	7.1	10.0	8.5	6.3
	8.00 Civic education teacher	2.0		1.4	2.5		1.3
	9.00 NGO leader	4.0	10.2	12.9	22.5	5.1	9.5
	10.00 student	4.0	4.1	7.1	10.0	3.4	5.4
	11.00 nurse		4.1	2.9	2.5		1.6
	12.00 doctor	7.1	6.1	8.6	5.0	22.0	9.8
	13.00 family practitioner				5.0		0.6
	14.00 health official	7.1	4.1	5.7	2.5	10.2	6.3
	15.00 customs official	1.0				3.4	0.9
	16.00 water official	2.0	2.0			1.7	1.3
	17.00 power official	1.0					0.3
	19.00 tax official	10.1	4.1		2.5		4.1
	20.00 ministry official	17.2	2.0	10.0		13.6	10.4
	21.00 local government leader	3.0	4.1	1.4		1.7	2.2
	22.00 political party leader			1.4			0.3
	23.00 legislator	2.0		4.3			1.6
	24.00 other	17.2	26.5	14.3	30.0	11.9	18.6
Total		100.0	100.0	100.0	100.0	100.0	100.0

Crosstabulation: Question 8 by Questions 5, 6 and 10
Crosstabulation: Question 7 by Question 9
Crosstabluation: Question 2 by Question 4

Question 8 by 5

How much effect has your participation in the training had in the capacity of your organization to do its work?

$SERIES5	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
Post TRN: Action plan	6.0	3.3	81.0	44.3	96.0	52.5	183.0	100.0
Post TRN: Trained others	5.0	3.2	62.0	40.3	87.0	56.5	154.0	100.0
Post TRN: Oral presentations	2.0	2.1	38.0	39.2	57.0	58.8	97.0	100.0
Post TRN: Media interviews	0.0	0.0	22.0	35.5	40.0	64.5	62.0	100.0
Post TRN: Other	3.0	3.7	47.0	58.0	31.0	38.3	81.0	100.0
Post TRN: None	8.0	32.0	15.0	60.0	2.0	8.0	25.0	100.0
Total	20.0	6.3	160.0	50.2	139.0	43.6	319.0	100.0

Question 8 by 6

How much effect has your participation in the training had in the capacity of your organization to do its work?

$SERIES6	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
Post TRN: Strategies	5.0	3.8	48.0	36.9	77.0	59.2	130.0	100.0
Post TRN: Content	5.0	4.0	54.0	43.2	66.0	52.8	125.0	100.0
Post TRN: Mgmt improv	2.0	1.5	66.0	50.8	62.0	47.7	130.0	100.0
Post TRN: None	9.0	20.5	28.0	63.6	7.0	15.9	44.0	100.0
Total	20.0	6.3	159.0	50.0	139.0	43.7	318.0	100.0

Question 8 by 10

How much effect has your participation in the training had in the capacity of your organization to do its work?

Q10	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
No	6.0	3.9	78.0	51.3	68.0	44.7	152.0	100.0
Yes	14.0	8.4	82.0	49.4	70.0	42.2	166.0	100.0
Total	20	6.3	160	50.3	138	43.4	318.0	100

Crosstabulation: Question 7 by Question 9
Crosstabluation: Question 2 by Question 4

Question 7 by 9

How much of an effect has your training had on your capacity to do your job?

SSERIES7	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
Result TRN: Confidence in skills	3.0	1.8	63.0	38.4	98.0	59.8	164.0	100.0
Result TRN: Transfer skill to colleagues	1.0	0.5	71.0	35.7	127.0	63.8	199.0	100.0
Result TRN: Effective changes in org	0.0	0.0	39.0	27.3	104.0	72.7	143.0	100.0
Result TRN: Org influenced legislation change	1.0	1.2	32.0	37.6	52.0	61.2	85.0	100.0
Result TRN: Other changes	1.0	4.0	10.0	40.0	14.0	56.0	25.0	100.0
Result TRN: No changes	5.0	50.0	5.0	50.0	0.0	0.0	10.0	100.0
Total	10.0	3.1	123.0	38.7	185.0	58.2	318.0	100.0

Question 2 by 4

Q4--As a result of completing the training course, I have been able to apply my new skills and knowledge	Q2--How well did the training meet your expectations?								Count	Row %
	Not at all		Somewhat		Well		Extremely well			
	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
Not at all	3.0	50.0	1.0	16.7	2.0	33.3	0.0	0.0	6	100
Rarely	2.0	18.2	4.0	36.4	4.0	36.4	1.0	9.1	11	100
Somewhat	1.0	4.0	10.0	40.0	12.0	48.0	2.0	8.0	25	100
Occasionally	0.0	0.0	19.0	23.5	50.0	61.7	12.0	14.8	81	100
Regularly or routinely	1.0	0.5	15.0	7.7	105.0	53.6	75.0	38.3	196	100
Total	7.0	2.2	49.0	15.4	173.0	54.2	90.0	28.2	319	100

QUESTION 11 BY EACH QUESTION

You will notice that 2 participants do not have occupations. They did not select any of the categories.

	$SERIES1—What were the objectives of the training program?								Total	
	improve my skills in the field		improve my knowledge of current principles in the field		understand/learn international approaches		objectives were not defined		Count	Row %
	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	3.0	33.3	5.0	55.6	7.0	77.8	0.0	0.0	9.0	100.0
accountant	3.0	37.5	5.0	62.5	2.0	25.0	0.0	0.0	8.0	100.0
journalist	0.0	0.0	1.0	50.0	1.0	50.0	0.0	0.0	2.0	100.0
manager	5.0	45.5	4.0	36.4	8.0	72.7	0.0	0.0	11.0	100.0
lawyer	12.0	46.2	11.0	42.3	16.0	61.5	1.0	3.8	26.0	100.0
entrepreneur	2.0	33.3	1.0	16.7	5.0	83.3	0.0	0.0	6.0	100.0
University Instructor	8.0	40.0	15.0	75.0	9.0	45.0	0.0	0.0	20.0	100.0
Civic education teacher	4.0	100.0	2.0	50.0	0.0	0.0	0.0	0.0	4.0	100.0
NGO leader	14.0	46.7	16.0	53.3	18.0	60.0	0.0	0.0	30.0	100.0
student	12.0	70.6	5.0	29.4	8.0	47.1	0.0	0.0	17.0	100.0
nurse	3.0	60.0	3.0	60.0	3.0	60.0	0.0	0.0	5.0	100.0
doctor	18.0	58.1	15.0	48.4	19.0	61.3	0.0	0.0	31.0	100.0
family practitioner	1.0	50.0	2.0	100.0	0.0	0.0	0.0	0.0	2.0	100.0
health official	6.0	30.0	11.0	55.0	16.0	80.0	0.0	0.0	20.0	100.0
customs official	1.0	33.3	2.0	66.7	1.0	33.3	1.0	33.3	3.0	100.0
water official	1.0	25.0	3.0	75.0	2.0	50.0	0.0	0.0	4.0	100.0
power official	0.0	0.0	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
tax official	3.0	23.1	10.0	76.9	4.0	30.8	0.0	0.0	13.0	100.0
ministry official	14.0	42.4	20.0	60.6	15.0	45.5	0.0	0.0	33.0	100.0
local government leader	1.0	14.3	2.0	28.6	5.0	71.4	0.0	0.0	7.0	100.0
political party leader	0.0	0.0	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
legislator	1.0	20.0	4.0	80.0	4.0	80.0	0.0	0.0	5.0	100.0
other	21.0	35.6	33.0	55.9	28.0	47.5	0.0	0.0	59.0	100.0
Total	133.0	42.0	170.0	53.6	173.0	54.6	2.0	0.6	317.0	100.0

Q11 BY 2

What was your profession at the time of this training?	How well did the training meet your expectations?								Count	Row %
	Not at all		Somewhat		Well		Extremely well			
	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	0.0	0.0	1.0	11.1	5.0	55.6	3.0	33.3	9.0	100.0
accountant	0.0	0.0	4.0	50.0	3.0	37.5	1.0	12.5	8.0	100.0
journalist	0.0	0.0	2.0	100.0	0.0	0.0	0.0	0.0	2.0	100.0
manager	0.0	0.0	1.0	9.1	7.0	63.6	3.0	27.3	11.0	100.0
lawyer	1.0	3.8	2.0	7.7	13.0	50.0	10.0	38.5	26.0	100.0
entrepreneur	0.0	0.0	0.0	0.0	5.0	83.3	1.0	16.7	6.0	100.0
University Instructor	0.0	0.0	3.0	15.0	12.0	60.0	5.0	25.0	20.0	100.0
Civic education teacher	1.0	25.0	0.0	0.0	2.0	50.0	1.0	25.0	4.0	100.0
NGO leader	0.0	0.0	3.0	10.0	17.0	56.7	10.0	33.3	30.0	100.0

student	0.0	0.0	2.0	11.8	8.0	47.1	7.0	41.2	17.0	100.0
nurse	0.0	0.0	1.0	20.0	1.0	20.0	3.0	60.0	5.0	100.0
doctor	1.0	3.2	5.0	16.1	13.0	41.9	12.0	38.7	31.0	100.0
family practitioner	0.0	0.0	1.0	50.0	0.0	0.0	1.0	50.0	2.0	100.0
health official	0.0	0.0	0.0	0.0	14.0	70.0	6.0	30.0	20.0	100.0
customs official	0.0	0.0	0.0	0.0	3.0	100.0	0.0	0.0	3.0	100.0
water official	0.0	0.0	0.0	0.0	1.0	25.0	3.0	75.0	4.0	100.0
power official	0.0	0.0	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
tax official	1.0	7.7	2.0	15.4	9.0	69.2	1.0	7.7	13.0	100.0
ministry official	2.0	6.1	7.0	21.2	18.0	54.5	6.0	18.2	33.0	100.0
local government leader	0.0	0.0	1.0	14.3	3.0	42.9	3.0	42.9	7.0	100.0
political party leader	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	1.0	100.0
legislator	0.0	0.0	0.0	0.0	2.0	40.0	3.0	60.0	5.0	100.0
other	1.0	1.7	14.0	23.7	35.0	59.3	9.0	15.3	59.0	100.0
Total	7.0	2.2	49.0	15.5	172.0	54.3	89.0	28.1	317.0	100.0

Q11 BY Q3

	What selection processes were used for you to participate in the training?											
	recommended		selection criteria		application form		interview		Dont know		Count	Row %
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	7.0	77.8	3.0	33.3	0.0	0.0	2.0	22.2	0.0	0.0	9.0	100.0
accountant	5.0	62.5	0.0	0.0	1.0	12.5	0.0	0.0	2.0	25.0	8.0	100.0
journalist	1.0	50.0	0.0	0.0	1.0	50.0	0.0	0.0	0.0	0.0	2.0	100.0
manager	8.0	72.7	2.0	18.2	2.0	18.2	1.0	9.1	0.0	0.0	11.0	100.0
lawyer	18.0	69.2	8.0	30.8	3.0	11.5	1.0	3.8	2.0	7.7	26.0	100.0
entrepreneur	6.0	100.0	1.0	16.7	0.0	0.0	1.0	16.7	0.0	0.0	6.0	100.0
University Instructor	10.0	50.0	7.0	35.0	3.0	15.0	2.0	10.0	1.0	5.0	20.0	100.0
Civic education teacher	4.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	100.0
NGO leader	20.0	66.7	16.0	53.3	2.0	6.7	3.0	10.0	0.0	0.0	30.0	100.0
student	7.0	41.2	11.0	64.7	3.0	17.6	0.0	0.0	0.0	0.0	17.0	100.0
nurse	2.0	40.0	3.0	60.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	100.0
doctor	23.0	74.2	10.0	32.3	1.0	3.2	4.0	12.9	1.0	3.2	31.0	100.0
family practitioner	0.0	0.0	1.0	50.0	1.0	50.0	0.0	0.0	0.0	0.0	2.0	100.0
health official	15.0	75.0	7.0	35.0	1.0	5.0	0.0	0.0	1.0	5.0	20.0	100.0
customs official	3.0	100.0	1.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	3.0	100.0
water official	3.0	75.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	25.0	4.0	100.0
power official	1.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0
tax official	10.0	76.9	2.0	15.4	0.0	0.0	2.0	15.4	0.0	0.0	13.0	100.0
ministry official	27.0	81.8	2.0	6.1	0.0	0.0	3.0	9.1	1.0	3.0	33.0	100.0
local government leader	6.0	85.7	1.0	14.3	0.0	0.0	1.0	14.3	0.0	0.0	7.0	100.0
political party leader	1.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0
legislator	4.0	80.0	1.0	20.0	0.0	0.0	0.0	0.0	1.0	20.0	5.0	100.0
other	45.0	76.3	7.0	11.9	5.0	8.5	5.0	8.5	4.0	6.8	59.0	100.0
Total	226.0	71.3	83.0	26.2	23.0	7.3	25.0	7.9	14.0	4.4	317.0	100.0

Q11 BY Q4

| | As a result of completing the training course, I have been able to apply my new skills and knowledge | | | | | | | | | | Count | Row % |
| | Not at all | | Rarely | | Somewhat | | Occasionally | | Regularly or routinely | | | |
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	0.0	0.0	1.0	11.1	2.0	22.2	2.0	22.2	4.0	44.4	9.0	100.0
accountant	0.0	0.0	1.0	12.5	0.0	0.0	3.0	37.5	4.0	50.0	8.0	100.0
journalist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	100.0	2.0	100.0
manager	0.0	0.0	0.0	0.0	2.0	18.2	2.0	18.2	7.0	63.6	11.0	100.0
lawyer	1.0	3.8	0.0	0.0	2.0	7.7	5.0	19.2	18.0	69.2	26.0	100.0
entrepreneur	0.0	0.0	0.0	0.0	0.0	0.0	2.0	33.3	4.0	66.7	6.0	100.0
University Instructor	0.0	0.0	0.0	0.0	0.0	0.0	7.0	35.0	13.0	65.0	20.0	100.0
Civic education teacher	1.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	75.0	4.0	100.0
NGO leader	0.0	0.0	0.0	0.0	0.0	0.0	3.0	10.0	27.0	90.0	30.0	100.0
student	0.0	0.0	1.0	5.9	1.0	5.9	6.0	35.3	9.0	52.9	17.0	100.0
nurse	0.0	0.0	0.0	0.0	0.0	0.0	1.0	20.0	4.0	80.0	5.0	100.0
doctor	1.0	3.2	2.0	6.5	1.0	3.2	5.0	16.1	22.0	71.0	31.0	100.0
family practitioner	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	100.0	2.0	100.0
health official	0.0	0.0	1.0	5.0	1.0	5.0	5.0	25.0	13.0	65.0	20.0	100.0
customs official	1.0	33.3	0.0	0.0	0.0	0.0	1.0	33.3	1.0	33.3	3.0	100.0
water official	0.0	0.0	0.0	0.0	1.0	25.0	1.0	25.0	2.0	50.0	4.0	100.0
power official	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	1.0	100.0
tax official	0.0	0.0	1.0	7.7	2.0	15.4	5.0	38.5	5.0	38.5	13.0	100.0
ministry official	0.0	0.0	1.0	3.0	3.0	9.1	11.0	33.3	18.0	54.5	33.0	100.0
local government leader	0.0	0.0	0.0	0.0	1.0	14.3	2.0	28.6	4.0	57.1	7.0	100.0
political party leader	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0	1.0	100.0
legislator	0.0	0.0	0.0	0.0	1.0	20.0	1.0	20.0	3.0	60.0	5.0	100.0
other	2.0	3.4	3.0	5.1	8.0	13.6	18.0	30.5	28.0	47.5	59.0	100.0
Total	6.0	1.9	11.0	3.5	25.0	7.9	80.0	25.2	195.0	61.5	317.0	100.0

Q11 BY Q5

	Which of the following have you carried out since your training?													
	Action plan		Trained others		Oral presentations		Media interviews		Other		None		Cnt	R%
	Cnt	R %	Cnt	R %	Cnt	R %	Cnt	R %	Cnt	R %	Cnt	R %		
banker	6.0	66.7	2.0	22.2	6.0	66.7	3.0	33.3	2.0	22.2	0.0	0.0	9	100
accountant	3.0	37.5	1.0	12.5	1.0	12.5	1.0	12.5	1.0	12.5	4.0	50.0	8	100
journalist	0.0	0.0	0.0	0.0	0.0	0.0	1.0	50.0	1.0	50.0	0.0	0.0	2	100
manager	6.0	54.5	4.0	36.4	6.0	54.5	5.0	45.5	1.0	9.1	0.0	0.0	11	100
lawyer	16.0	61.5	12.0	46.2	8.0	30.8	7.0	26.9	9.0	34.6	1.0	3.8	26	100
entrepreneur	6.0	100.0	4.0	66.7	2.0	33.3	1.0	16.7	2.0	33.3	0.0	0.0	6	100
University Instructor	14.0	70.0	14.0	70.0	5.0	25.0	5.0	25.0	4.0	20.0	0.0	0.0	20	100
Civic education teacher	2.0	50.0	2.0	50.0	1.0	25.0	0.0	0.0	1.0	25.0	0.0	0.0	4	100
NGO leader	24.0	80.0	20.0	66.7	15.0	50.0	9.0	30.0	9.0	30.0	0.0	0.0	30	100
student	10.0	58.8	10.0	58.8	5.0	29.4	6.0	35.3	2.0	11.8	0.0	0.0	17	100
nurse	4.0	80.0	5.0	100.0	1.0	20.0	0.0	0.0	1.0	20.0	0.0	0.0	5	100
doctor	19.0	61.3	17.0	54.8	13.0	41.9	6.0	19.4	7.0	22.6	3.0	9.7	31	100
family practitioner	0.0	0.0	1.0	50.0	0.0	0.0	1.0	50.0	2.0	100.0	0.0	0.0	2	100
health official	13.0	65.0	7.0	35.0	9.0	45.0	3.0	15.0	5.0	25.0	1.0	5.0	20	100
customs official	0.0	0.0	1.0	33.3	2.0	66.7	0.0	0.0	0.0	0.0	1.0	33.3	3	100
water official	2.0	50.0	1.0	25.0	1.0	25.0	1.0	25.0	1.0	25.0	1.0	25.0	4	100
power official	1.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	100
tax official	1.0	7.7	4.0	30.8	2.0	15.4	0.0	0.0	3.0	23.1	4.0	30.8	13	100
ministry official	17.0	51.5	15.0	45.5	5.0	15.2	4.0	12.1	6.0	18.2	3.0	9.1	33	100
local government leader	4.0	57.1	3.0	42.9	1.0	14.3	1.0	14.3	2.0	28.6	0.0	0.0	7	100
political party leader	1.0	100.0	1.0	100.0	0.0	0.0	1.0	100.0	0.0	0.0	0.0	0.0	1	100
legislator	4.0	80.0	2.0	40.0	1.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	5	100
other	28.0	47.5	26.0	44.1	13.0	22.0	7.0	11.9	22.0	37.3	7.0	11.9	59	100
Total	181.0	57.1	152.0	47.9	97.0	30.6	62.0	19.6	81.0	25.6	25.0	7.9	317	100

Q11 BY Q6

Because of my training, I have helped to introduce in my workplace the following:

	Strategies		Content		Mgmt improv		None		Count	Row %
	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	5.0	55.6	3.0	33.3	4.0	44.4	2.0	22.2	9.0	100.0
accountant	1.0	12.5	1.0	12.5	3.0	37.5	3.0	37.5	8.0	100.0
journalist	0.0	0.0	0.0	0.0	1.0	50.0	1.0	50.0	2.0	100.0
manager	5.0	45.5	5.0	45.5	5.0	45.5	0.0	0.0	11.0	100.0
lawyer	11.0	42.3	9.0	34.6	17.0	65.4	3.0	11.5	26.0	100.0
entrepreneur	1.0	16.7	2.0	33.3	4.0	66.7	0.0	0.0	6.0	100.0
University Instructor	8.0	40.0	12.0	60.0	7.0	35.0	0.0	0.0	20.0	100.0
Civic education teacher	2.0	50.0	1.0	25.0	1.0	25.0	0.0	0.0	4.0	100.0
NGO leader	16.0	53.3	13.0	43.3	12.0	40.0	1.0	3.3	30.0	100.0
student	6.0	35.3	8.0	47.1	4.0	23.5	3.0	17.6	17.0	100.0
nurse	1.0	20.0	2.0	40.0	0.0	0.0	3.0	60.0	5.0	100.0
doctor	15.0	48.4	15.0	48.4	13.0	41.9	4.0	12.9	31.0	100.0
family practitioner	1.0	50.0	1.0	50.0	1.0	50.0	0.0	0.0	2.0	100.0
health official	10.0	50.0	13.0	65.0	11.0	55.0	1.0	5.0	20.0	100.0
customs official	2.0	66.7	0.0	0.0	0.0	0.0	1.0	33.3	3.0	100.0

water official	1.0	25.0	2.0	50.0	1.0	25.0	0.0	0.0	4.0	100.0
power official	1.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	100.0
tax official	3.0	25.0	2.0	16.7	5.0	41.7	4.0	33.3	12.0	100.0
ministry official	15.0	45.5	13.0	39.4	9.0	27.3	4.0	12.1	33.0	100.0
local government leader	3.0	42.9	1.0	14.3	5.0	71.4	0.0	0.0	7.0	100.0
political party leader	1.0	100.0	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
legislator	3.0	60.0	0.0	0.0	4.0	80.0	0.0	0.0	5.0	100.0
other	18.0	30.5	21.0	35.6	21.0	35.6	14.0	23.7	59.0	100.0
Total	129.0	40.8	124.0	39.2	129.0	40.8	44.0	13.9	316.0	100.0

Q11 BY Q7

What types of change do you think happened as a result of your training?

	$SERIES7												Total	
	Confidence in skills		Transfer skill to colleagues		Effective changes in org		Org influenced legislation change		Other changes		No changes		Count	Row %
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
banker	4.0	44.4	6.0	66.7	4.0	44.4	3.0	33.3	0.0	0.0	0.0	0.0	9	100
accountant	4.0	50.0	2.0	25.0	3.0	37.5	3.0	37.5	1.0	12.5	1.0	12.5	8	100
journalist	1.0	50.0	1.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	50.0	2	100
manager	6.0	54.5	8.0	72.7	7.0	63.6	4.0	36.4	1.0	9.1	0.0	0.0	11	100
lawyer	11.0	42.3	17.0	65.4	17.0	65.4	10.0	38.5	5.0	19.2	2.0	7.7	26	100
entrepreneur	5.0	83.3	5.0	83.3	5.0	83.3	4.0	66.7	2.0	33.3	0.0	0.0	6	100
University Instructor	12.0	60.0	8.0	40.0	9.0	45.0	4.0	20.0	2.0	10.0	0.0	0.0	20	100
Civic education teacher	2.0	50.0	4.0	100.0	1.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	4	100
NGO leader	15.0	50.0	20.0	66.7	23.0	76.7	5.0	16.7	0.0	0.0	0.0	0.0	30	100
student	12.0	70.6	10.0	58.8	5.0	29.4	0.0	0.0	1.0	5.9	0.0	0.0	17	100
nurse	5.0	100.0	5.0	100.0	3.0	60.0	1.0	20.0	2.0	40.0	0.0	0.0	5	100
doctor	19.0	63.3	23.0	76.7	16.0	53.3	7.0	23.3	0.0	0.0	0.0	0.0	30	100
family practitioner	0.0	0.0	1.0	50.0	1.0	50.0	2.0	100.0	0.0	0.0	0.0	0.0	2	100
health official	14.0	70.0	16.0	80.0	11.0	55.0	5.0	25.0	1.0	5.0	0.0	0.0	20	100
customs official	2.0	66.7	2.0	66.7	1.0	33.3	2.0	66.7	0.0	0.0	0.0	0.0	3	100
water official	3.0	75.0	2.0	50.0	1.0	25.0	3.0	75.0	0.0	0.0	0.0	0.0	4	100
power official	0.0	0.0	1.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	100
tax official	4.0	30.8	7.0	53.8	2.0	15.4	4.0	30.8	0.0	0.0	1.0	7.7	13	100
ministry official	10.0	30.3	16.0	48.5	8.0	24.2	10.0	30.3	2.0	6.1	2.0	6.1	33	100
local government leader	2.0	28.6	5.0	71.4	3.0	42.9	3.0	42.9	1.0	14.3	0.0	0.0	7	100
political party leader	1.0	100.0	1.0	100.0	0.0	0.0	1.0	100.0	1.0	100.0	0.0	0.0	1	100
legislator	2.0	40.0	4.0	80.0	2.0	40.0	2.0	40.0	0.0	0.0	0.0	0.0	5	100
other	29.0	49.2	33.0	55.9	19.0	32.2	12.0	20.3	6.0	10.2	3.0	5.1	59	100
Total	163.0	51.6	197.0	62.3	141.0	44.6	85.0	26.9	25.0	7.9	10.0	3.2	316	100

113

Q11 BY Q8

How much effect has your participation in the training had in the capacity of your organization to do its work?

	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
banker	0.0	0.0	5.0	55.6	4.0	44.4	9.0	100.0
accountant	0.0	0.0	7.0	87.5	1.0	12.5	8.0	100.0
journalist	0.0	0.0	2.0	100.0	0.0	0.0	2.0	100.0
manager	0.0	0.0	4.0	36.4	7.0	63.6	11.0	100.0
lawyer	2.0	7.7	12.0	46.2	12.0	46.2	26.0	100.0
entrepreneur	0.0	0.0	3.0	50.0	3.0	50.0	6.0	100.0
University Instructor	0.0	0.0	11.0	55.0	9.0	45.0	20.0	100.0
Civic education teacher	1.0	25.0	2.0	50.0	1.0	25.0	4.0	100.0
NGO leader	0.0	0.0	7.0	23.3	23.0	76.7	30.0	100.0
student	1.0	5.9	12.0	70.6	4.0	23.5	17.0	100.0
nurse	0.0	0.0	2.0	40.0	3.0	60.0	5.0	100.0
doctor	3.0	9.7	12.0	38.7	16.0	51.6	31.0	100.0
family practitioner	0.0	0.0	1.0	50.0	1.0	50.0	2.0	100.0
health official	1.0	5.0	7.0	35.0	12.0	60.0	20.0	100.0
customs official	0.0	0.0	3.0	100.0	0.0	0.0	3.0	100.0
water official	0.0	0.0	3.0	75.0	1.0	25.0	4.0	100.0
power official	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
tax official	2.0	15.4	10.0	76.9	1.0	7.7	13.0	100.0
ministry official	3.0	9.1	18.0	54.5	12.0	36.4	33.0	100.0
local government leader	0.0	0.0	4.0	57.1	3.0	42.9	7.0	100.0
political party leader	0.0	0.0	0.0	0.0	1.0	100.0	1.0	100.0
legislator	0.0	0.0	2.0	40.0	3.0	60.0	5.0	100.0
other	7.0	11.9	32.0	54.2	20.0	33.9	59.0	100.0
Total	20.0	6.3	160.0	50.5	137.0	43.2	317.0	100.0

Q11 BY Q9

How much of an effect has your training had on your capacity to do your job?

	Did not enhance		Somewhat enhanced		Greatly enhanced		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
banker	1.0	11.1	3.0	33.3	5.0	55.6	9.0	100.0
accountant	2.0	25.0	3.0	37.5	3.0	37.5	8.0	100.0
journalist	0.0	0.0	2.0	100.0	0.0	0.0	2.0	100.0
manager	0.0	0.0	4.0	36.4	7.0	63.6	11.0	100.0
lawyer	2.0	7.7	7.0	26.9	17.0	65.4	26.0	100.0
entrepreneur	0.0	0.0	2.0	33.3	4.0	66.7	6.0	100.0
University Instructor	0.0	0.0	8.0	40.0	12.0	60.0	20.0	100.0
Civic education teacher	0.0	0.0	1.0	25.0	3.0	75.0	4.0	100.0
NGO leader	0.0	0.0	9.0	30.0	21.0	70.0	30.0	100.0
student	0.0	0.0	9.0	52.9	8.0	47.1	17.0	100.0
nurse	0.0	0.0	2.0	40.0	3.0	60.0	5.0	100.0
doctor	0.0	0.0	12.0	38.7	19.0	61.3	31.0	100.0
family practitioner	0.0	0.0	0.0	0.0	2.0	100.0	2.0	100.0
health official	0.0	0.0	7.0	35.0	13.0	65.0	20.0	100.0
customs official	0.0	0.0	2.0	66.7	1.0	33.3	3.0	100.0

water official	0.0	0.0	1.0	25.0	3.0	75.0	4.0	100.0
power official	0.0	0.0	1.0	100.0	0.0	0.0	1.0	100.0
tax official	0.0	0.0	7.0	53.8	6.0	46.2	13.0	100.0
ministry official	4.0	12.1	11.0	33.3	18.0	54.5	33.0	100.0
local government leader	0.0	0.0	2.0	28.6	5.0	71.4	7.0	100.0
political party leader	0.0	0.0	0.0	0.0	1.0	100.0	1.0	100.0
legislator	0.0	0.0	1.0	20.0	4.0	80.0	5.0	100.0
other	1.0	1.7	30.0	50.8	28.0	47.5	59.0	100.0
Total	10.0	3.2	124.0	39.1	183.0	57.7	317.0	100.0

Q11 by Q10
Did anyone else from your organization participate in this same training?

	No		Yes		Count	Row %
	Count	Row %	Count	Row %		
banker	4.0	44.4	5.0	55.6	9.0	100.0
accountant	6.0	75.0	2.0	25.0	8.0	100.0
journalist	0.0	0.0	2.0	100.0	2.0	100.0
manager	5.0	45.5	6.0	54.5	11.0	100.0
lawyer	11.0	42.3	15.0	57.7	26.0	100.0
entrepreneur	6.0	100.0	0.0	0.0	6.0	100.0
University Instructor	12.0	60.0	8.0	40.0	20.0	100.0
Civic education teacher	2.0	50.0	2.0	50.0	4.0	100.0
NGO leader	24.0	80.0	6.0	20.0	30.0	100.0
student	4.0	23.5	13.0	76.5	17.0	100.0
nurse	0.0	0.0	5.0	100.0	5.0	100.0
doctor	8.0	26.7	22.0	73.3	30.0	100.0
family practitioner	1.0	50.0	1.0	50.0	2.0	100.0
health official	9.0	45.0	11.0	55.0	20.0	100.0
customs official	0.0	0.0	3.0	100.0	3.0	100.0
water official	2.0	50.0	2.0	50.0	4.0	100.0
power official	1.0	100.0	0.0	0.0	1.0	100.0
tax official	5.0	38.5	8.0	61.5	13.0	100.0
ministry official	14.0	42.4	19.0	57.6	33.0	100.0
local government leader	2.0	28.6	5.0	71.4	7.0	100.0
political party leader	1.0	100.0	0.0	0.0	1.0	100.0
legislator	1.0	20.0	4.0	80.0	5.0	100.0
other	34.0	57.6	25.0	42.4	59.0	100.0
Total	152.0	48.1	164.0	51.9	316.0	100.0

APPENDIX G
LIST OF SPECIFIC QUALITATIVE FINDINGS

REGIONAL FINDINGS

1. USAID INTERVIEWS

Country Names: Regional
Research Audience: USAID
Method: Group Interviews/Interviews
 # Conducted: 17

A. TRAINING GENERAL

A. 1 Definition of Training

- Give new skills to improve quality of work
- Courses, seminars used to augment/improve skills of host national government/NGO in supporting USAID projects.
- Getting exposure to alternative ways of doing business. (In Tajikistan it used to be very difficult to get information.)
- "Interactive teaching methods", for example are an example of a good alternative.
- Much of the training before 9/11 was outside the country, now more inside.
- Human capacity development
- Training is more than just numbers
- Means to develop skills & knowledge as well as ideas & practices
- Help progress of regular project activities
- Set of different activities/forms broadly defined in varied settings
- Demonstration where people actually do/build things
- All training interventions are important
- Capacity-building
- Training reinforces that things are done differently around the world. Without it our program would be a lot weaker.
    - For health professionals, it is the activity of gaining new knowledge and skills. We have two different types of training we use in health, theory and practical teaching. Without any practical training you cannot perform essential functions. Each of my programs includes the element of training. Some only theoretical, some both theoretical and practical.
- Exposure to new ideas and concepts – apply afterwards
- Acquire new skills and apply
- Continuing education
- Exchange of experiences
- Exposure of people to other countries/development
- A means to help support new ideas
- "The role of training is to prepare a critical mass of people to be ready when the climate changes."
- Manner of educating and helping to change people's needs to accept these new ideas
- The support to on-going USAID technical assistance
- Additional training resources used to strengthen existing programs through a variety of means.
- Increases efficiency of programs that support main USAID projects

A. 2 Trends in Training or Training Types

- KZ and KG in particular have experienced many positive changes especially in the areas of privatization, community associations, NGO development, 3rd sector lobbying, health clinics, etc.
- The trends in training have moved from first exposure to new ideas to more of a how to do things
- One goal to consider is to institutionalize training and move it to the private sector. In this regard AED could be the private sector training service provider in each country and providing training services to all donors, not just USAID. Such a service provider arrangement would obviously work best in ministries such as health and education where training is already an important component of their program.

- More training inside of Tajikistan that is significantly helping Tajiks to catch up to the rest of the region.
- We want to continue to devolve the training at the local level, there is discretion here
- Use of ICI is a really good trend. It offers meaningful follow-through on training by participant initiative.
- We need to get away from third country training and move to more in-country training. It is much easier to get people in than out.
- We are absolutely in support of regional programs being held here, we have had successes on the books. We have good venues and climate. We would welcome some training types here, but not those that are too cutting edge. Would give Turkmenistan exposure to other countries.
- START is much easier and better than GTD. There has been a real upgrade of capacity at AED. We have gone from ex-pat to host country, and it is very good. Good access to AED backstopping Almaty. A real up-swing in AED human capacity.
- We are getting a lot of TOT, and using local trainers, the resources are not always there for that, but at least we we have the ICI.
- START project is more results oriented than GTD. The style and work of AED changed, e.g.. method of training and demand for concrete results. For example, to get into the next phase of a multi phased training activity, participants have to bring proof of results from the earlier training and evidence of preparation for the next.
- If AED gets too tough, e.g., unreasonable standards for people with low writing capabilities, or unrealistic expectations for ecological impact in the short term, or looking for a physical result when we are satisfied with a civil society result, we sometime involve our CTOs in Almaty. However, mostly we are able to find consensus here in Turkmenistan.
  - The best place to do training for health officials is inside of the country. We can use U.S. or local trainers if qualified.
  - We have some projects that have sufficient resources to do training themselves.
  - Some programs have no representation in Turkmenistan, but they can order their training through AED. AED can select trainers, participants, and all logistics. We work all together with AED. we work very closely.
- Overall budget up 300%. Staff doubled to 22.
- Working more closely with government now -- central government. This a trend change.
- New areas in which training will grow:
  - Health expanding into drug abuse, HIV AIDS and MCH.
  - Local government promoting pilot local governments and condo programs.
  - Human rights and civil society big.
  - Water getting bigger, including more agriculture.
  - Macro-economics -- we're taking another run at it even though the last one failed and was dropped. Expect training needs in fiscal policy, budget and taxation. etc.
- It is important in the CAR to maintain a PTP, to keep it working and continue the focus on the objectives of changing attitudes and practices and to continue to add knowledge to areas where we are attempting to address changes and address fundamental problems.
- A broad range of types of training is good, but with good participant selection.
- TC allows training based on experience closer to own realities, e.g. how to deal with governments training to control media
- Used financial resources for roundtables to get people to move forward and change opinions – workshops and conferences as well.
- More process and dialogue now to obtain training funds: previously it was "just sign and submit."
- No major trends seen
- Study tours, conferences
- More than 1 day
- Third country training leverages US investment in one country, making it useful in another.
- Initially in US, now adjust to existing programs
- Demonstration, lectures
- Improvement in overall process
- External funding now used for special/specific purposes
- Institutionalize training courses in local institutions (use technical training more: training for water users and NGOs)
- Away from US-based

118

- Training has broadened, less policy people. Seems harder to get high-level people into training then it was before, but not sure why.
- USAID discusses what to do, but in the end approval depends on the program office.
- Training has moved from basic to advanced

B. TRAINING IMPACT

B.1 Use/Application

- AED assistance with unplanned activities (open hearings, roundtables and other events needed on an ad hoc basis) has allowed more information to get out there and for people to have opportunities to discuss and share opinions, facts, data.
- Difficult to isolate the impact of training from other things going on, e.g., economy, politics, programs.
- Several aspects affect the impact of training: "a fishing net without a boat has very limited value." "We must combine training with other tools: access to capital, transparent taxation procedures, foreign treasury procedures…"
- We seem to be training the same people over and over again. We need to look at impact, and know that we have success stories here and there. But I'm not sure.
- We at this time are focused on human capital development, we are engaging the future leaders and younger generation. Our whole mission is based on the next generation.
- AED has unique experience to help overcome problems that represent gaps. See success story on "The Forgotten Ones," Annex H.
- Despite costs that are a given where good training provision and training support are concerned, AED has been doing a good job.
- Follow-up is necessary, don't expose people to good ideas & just leave them.
- Most important impacts seen with the Judicial Training Program and USAID (AED) is getting lots of credit for that in the country. It is the only judicial training in the last 10-15 years.
- Health care trainings are moving from the curative to the preventative.
- Follow-on is key to overall training results.
- Training must be part of a bigger effort. *"We are all going to feel that we have not trained enough."*
- Value of PTP – allows them to respond to unusual requests & unique opportunities
- Strengthen learning in region (EF)
- Post-training feedback not generally known or supplied, not sure of impact.
- Under START – pre-meeting with selected participants, follow with post-training activity to debrief and establish linkages – gives real meaning to training (HP) *[in all cases?]*
- Viewing experience gives ideas on what to do (Safe Motherhood)
- Study tour (Lithuania Safe Motherhood) expanded experience here
- Data collection is often a "black hole" – after it is collected, never see reports or how information is used.
- Adoption of training program indicates success
- Computer center and skills became part of institution
- If there is demand for training, the training will be effective.
- We look to see if people are adopting things they got out of the training.
- Business association development *(where?)*, water association adopted.
- Impact longer-term
- Building synergy between projects, enhancing regular projects
- AED/CAR continues to have a strong interest in improving the effectiveness of their training support/delivery.
- We are shifting much into the enterprise area and working with business association groups can be useful. We also want to get out to the countryside, especially in the health area where we can make an impact.
- As part of the evolutionary process, we would like more input in training design. The mission is moving in this direction.
- Training outside of Turkmenistan is positive, but there are other means that don't cost so much.
- We are using more inter-Central Asia training and this is a good thing. It is cheaper and more applicable.
- We are using very little CIS training and trainers and there is no doubt some pretty interesting cutting edge activities going on in the CIS.

Evaluation of the Participant
Training Program in the CAR
G-4
April 30, 2003

- In health, priorities are: AIDs prevention, diseases of transfusion of blood, blood safety and Information for family nurses.
- In the cross cutting area education is important -- we don't have any training programmed for this year. This is a very broad field, including the methodology of teaching in primary schools. curriculum design. health in primary schools, etc.
- AED assistance allows strategic objective teams to test out new ideas, those that fit the big picture.
- Roundtable/health – at least various stakeholders now are hearing each others' ideas.

B.2 Changes Made/Implemented

- Constitutional reform process – impaired by lack of financial resources. AED helped out with trainers.
- PTP works with people who can actually make changes. It also works with some people at lower levels who cannot make changes. Usually lower level participants can only use skills if change is allowed.
- E&W sector had study tours with the heads of departments from 5 countries: after their training they created an association that has helped them to broker trans-boundary agreements related to water use within their country and the region.
- In the health sector training has helped institute changes in curriculum and daily practices and management that is a direct result of trainings received
- Trainings for accountants in the region has helped the CAR countries adopt international standards and practices
- We would like to see people attend these programs and go to the government to implement policy change. We are not seeing it yet.
- We can't expect huge immediate impacts here.
- For influence on taxation, we brought hundreds of entrepreneurs together, the Central government relaxed taxation after this. This was a very daring event, it had never been done.
  - Turkmenistan was provided with free vaccines for hepatitis B. However, our doctors did not know how to do the vaccinations. AED training provided the instructions on how to do it and it is being done throughout the country.
  - Our laboratory training was very successful. Nobody was training these general labs for years. e.g., in blood testing and quality control. Abt and AED did this training for the first time. I saw these people, they were very excited that somebody was thinking about them and they were getting training.
- No government counterparts (D&M)
- Training people with no power (youth), maybe measure impact in 20 years
- No resources (AED) for follow-on *(but what about ICI?)*
- To expand working group with other training experiences
- No emphasis on evaluation of training methods (interactive, etc.) suitable approach for topic, most effective approaches, etc.
- Results are more than result of just one training
- Alternative health care reforms are being successfully initiated as a result of training.
- Training and TA should be delivered in combination.
- Excellent partnership, collaboration, working toward goal/SO (especially with START)
- Measuring "better management" is very difficult.
- Difficult to create demand, we show possibilities and see where demand comes.
- NET strong on follow-on, GTD had none. With START, follow-on again, will see how it works
- AED complements training programs. e.g. it can fit into ongoing training programs
- Use AED funds when don't have program funds, but there is a limit to how much AED funding can be used.
- SME development has directly benefited, especially in KZ where private consulting agencies have been instructed in standard business practices.
- In KZ businesswomen's associations have been started as a result of business and association training. These women's groups have played an important role in municipal elections, similar to the League of Women Voters in the US.
- Strongest elements of associations, especially NGOs and those with small business enterprise roles, have taken root in KG and KZ with active trainings in all sectors of these countries.
- Round tables helped decision-makers to figure out how to use knowledge – made notes to the President by applying skills to better develop the capital market.

- AED HELPS IMPLEMENTING PARTNERS TO GIVE ASSISTANCE OUTSIDE OF THEIR SOWs.
- AED can pull together implementing partners.
- Helps make adjustments to programs.
- Hard for contractors to make adjustments, but AED can respond quickly.
- Until I started to see AED as my tool, I found it hard to utilize and only a bureaucratic activity.
- I bring AED training back to contractors.
- See also multiple success stories below (Annex H)

C. TRAINING PROCESS

C.1 *Expectations/Implementation Challenges/Roles*
- Add follow-up activities, assign funds to address issue of using knowledge, abilities and skills on return to workplace.
- TAs have their own training plans – AED flexibility and quick response are important to support these plans.
- AED needs to give "clear guidelines" – how to choose training, how to select participants.... "now very murky." How should USAID work with AED? How should AED work with TAC/G?
- GTD process was comfortable. We knew what the training was, reviewed the participant list and maybe made suggestions (really left selection to TAC/G and AED). "Don't really want to micromanage" (DM).
- At different stages people use knowledge differently. Getting policy and decision-makers to help institute changes following their return from training is a formidable challenge.
- Many donors, especially in places like KG, present a constant source of "donor competition" for activities and trainees.
- Biggest need is for changes in mentality, e.g., farmers, Imams, Akims. National government constantly requesting this kind of training. Somewhat ironic.
- Even Islamic University of Tashkent requested US training for students and faculty.
- Health expanding into drug abuse, HIV AIDS and MCH.
- Local government promoting pilot local governments and condo programs.
- Human rights and civil society big.
- This appears to be excellent; there is also "maximum" flexibility.
- Water getting bigger, including more agriculture.
- Would like training debriefs, short reports
- Develop work plans with AED & TAC/Gs, TAC/Gs feel they know best & don't want a competitive process for selecting participants. AED brings professional approach & logistical help.
- AED is helping contractors select & design programs.
- It would be helpful if AED, TAC/G and USAID would use a team approach.
- Being more results-based & assessing impact
- Revision and prioritization with AED
- It is good for AED to be involved in methodology suggestions, design, logistics, but not in "content," as AED people are not content experts.
- Now more flexibility in use of funds for in country and third country training.
- Sometimes want AED to mesh into existing program – this is difficult. *How, why?*
- TAC/G works with in-country counterparts to develop work plan and training plan, need (AED) to maintain flexibility when go outside to AED
- AED is for big tickets items – study tours. There is no other mechanism for this.
- Need to meet priorities based on country needs
- The new TARF form is better.
- Limited number of local partners, even fewer implementing partners
- Difficult to measure impact (EW)
- TA contractors give completed TARF to USAID. If OK, it goes to AED.
- Open solicitations in May – very flexible. Even if not on Training Plan, can prepare TARF. If funding is available it still can be approved.
- What to show instead of numbers to show results? This is a challenge.
- Follow-on evaluation with participants afterwards that think AED does good – good to see what participants did, how the training helped them. *This needs clarification*

- AED very responsive. organizes seminars. conferences well
- Gives flexibility to do what needs to be done
- AED budget usually higher than real cost, extra can be used after the fact on other training. (The budget is attached to TR that TAC/Gs do not see. but according to USAID they know the budget total.)
- Macro-economics -- expect training needs in fiscal policy, budget and taxation, etc.
- We need to train the economic think tanks that provide advice to the government. the only current advisors are the remnants of the GOSPLAN soviet system.
- Was initially prejudiced against centralized USAID/AED training program. But, found contractors seemed comfortable with this program.
- Problem is Almaty decides what the training program will be and country reps don't have equal voice in what the training decisions should be.
- Home office adds a layer. However, key problem is that Mission can't be passive in the training decision process.
- AED could help by providing help with costing out proposals.
- Even the young leaders need the benefits that training can provide. A young deputy minister, in his 30s. is attempting to build a command economy.
- Follow-on....engage people on a longer time frame.
- Multiple government contacts will bring better integration into activities...AED should not only follow-up with TAC/G partners but also with their counterparts when participants are involved.
- GTD was a real pain to work with, a lot of paperwork. START much improved.
- When we have a gap, we use AED. We prefer AED as a great flexible tool.
- Trained people are not welcome in the government in the economic sphere. System doesn't use trained people. It's based on a command economy. *(Note: This is not consistent with our observations in the field. especially in the Health field from which this remark originated).*
- Western trainers came in and don't know what's best under existing political/economic circumstances. *(Note: Here again, much field evidence to the contrary.)*
- In UZ changes were initially slow; patience has paid off and over the last two years the attitude by the government (on the value of training in a variety of sectors) has been changing. E & F has seen the most positive movement in the past two years.
- The USAID Annual Training Plan has limited utility.
- Changes need to be made to improve the training needs assessment. Maybe getting TAC Gs and SO teams more proactively involved is a possible solution. USAID definitely needs to be a catalyst to make the process more dynamic and responsive to objectives.
- Training participants need to be made more accountable.
- AED also needs to be involved (somehow) with participant selection.
- Asking AED to be involved with the design and TARFs, and in asking basic questions about the training objectives should help improve the process. Note that this assumes that AED has the expertise to design trainings, at least those outside of the technical training aspects.
- The major challenge will be to put "rigor" into the participant selection process and also into the training design process.
- Turkmenistan is a special case. There needs to be an overall evaluation of objectives and the effectiveness of impact across SOs. There may be a need to change the way in which USAID/AED monies are programmed there. such as giving the whole budget to the country office and letting them program the training monies in a manner that can actually achieve the most impact. even if it means training only a targeted audience and/or select individuals.
- There is a continuing need to first prioritize the needs. then to plan and then look at what the budget can handle.
- USAID needs to continue to examine and search for effective alternatives to training models and to administrative models. E.g.. Is the AED regional office plus 5 separate country offices the most effective model? How does the regional office add to and/or detract from the effective utilization of training funds?
- There continues to be a need to have a serious discussion about how training funds are allocated. The current budget is in the neighborhood of S3 to S3.5 million per year with 4.000 to 5.000 participants being part of training programs; and this also includes conferences of 1 or 2 days each
- How the SOs and their TAC/Gs utilize AED funds should be continually scrutinized.
- AED is a supporting component – USAID coordinates with TAs to ensure better trainings and with AED to help with participant selection.

- "Getting people to use this EXTRA resource (i.e., the PTP) is a challenge."
- USAID wants a return on the investment, wants to create more local ownership (by local counterparts and TAC/Gs) of training process.
- AED can check to see what participants have actually done.
- TA sends wish list to USAID and AED. Once USAID decides on *those it will do*, AED *can help them* (TAs) achieve their objectives.
- TAC/Gs work with AED to help design training courses, select participants, set expectations regarding use of skills after training is complete.
- The barriers to foreign travel are very high. Getting government approval to go abroad, for all citizens now, is very difficult.
- We have to submit three month training plans to the office of foreign affair, they ask us to back off or limit our training in some areas like *civil society.*
- We push at times, e.g., on volunteerism and instilling the need for community work, world wide ethic.
- The 3-4 month lead time for US J-1 visas is killing us. Otherwise, training time frames are reasonable.
- We would like AED to be more understanding of our dilemma, it is sometimes difficult to see the results right away. A little more flexibility and less bureaucratic.
- All of our materials come from WHO. Unfortunately everything comes only in English, then we have to also adopt it to Turkmenistan's needs and requirements. We use local health officials to do this.
- Sometimes local NGOs are not very good at specifying outcome of *training or follow-on, sometimes* because they cannot write it clearly. AED sends these requests back and asks that they be completed more correctly. The problem is our people need training in this area and it's too bad to have to reject a request for lack of such training and local skills.
- One training was not very successful. American professors came to Ashgabat from Connecticut University, they provided lectures in the hotel, but they talked 90% on philosophy and 10% health and the Russian translation of the materials was wrong.

C.2 Recruitment/Selection

- We feel there may be repeat training of some people at the Ministry of Health.
- Participant needs to know what s/he will produce and what results are possible.
- Changes in the participant list are possible. If USAID see someone they can't approve, they ask AED to pick someone different (HP).
- We select the same people too often and need to diversify.
- We conduct interviews together with START. The Ministry of Health offers recommendations, but our international partners recommend names for training. As a rule they know the people very well.
- During interviews we can determine if a recommendation given by the Ministry of Health is a relative or a *true professional.* If they are not a true professional, AED will not sign the IAP66 form.
- There should be across the board criteria to select participants by organization, level, position, attitude (e.g. openness, interest), potential benefit to program (e.g. how proposed participant will use new knowledge, skills).
- Selection process should be done carefully. In higher levels of government, training is often seen as a gift, and not necessarily as something important. Even mid-level managers can fall prey to this stigma as well.
- Under START selection is an organized, professional process.
- It is difficult to find the "right" people, i.e. people who will understand the training, do something with it, and are in a position to have an impact – sometimes *[change requires?]* a political decision.
- There were some early issues associated with recruitment, e.g., plucking out individuals by officials in the Ministry of Health; these now seem to be resolved.
- Trainees are now selected as a result of a dialog/discussion between the TA C/Gs and their counterparts; e.g., there seems to be a good working relationship.
- For end training (?) and TOT – need people at the right level, who don't need approval from above *[to implement change]* and can institutionalize *[needed changes].*
- Go thru Ministries and may influence process by position or interest
- AED wants to be more involved, but they can't know who to select.
- AED more involved in selection -- at first too forceful too aggressive and insistent, now they make recommendations but don't insist. The extra screening has been good.

- AED suggestions sometimes good, other times TAC/G should be able to select people they know and with whom they work.
- Must assess relevancy and language before choosing
- Carefully select for specific programs and specific needs
- Need to be clear about training the "right people."
- Training outside of the CAR can be positive when high-level people are sent; when there is a selection process that involves approval by the cabinet of Ministers.
- AED with SO teams are the selection committee that selects individuals nominated/recommended by the TAC/Gs.
- Quality of participants nominated often is directly related to the TAC/Gs relationship with its direct partner/counterpart.
- Some people in HP are involved in too much, spread too thin. "Need to spread the knowledge and skills, not the people."
- AED should discuss candidates for approval with TAC/G.
- USAID would rather trust the TAs and just maybe review, but not be involved in selection committees (DM).
- We trust TAs to make the right decisions because they know the population better. Then we work with AED to review choices. (For instance, AED has information on other participant training candidate has attended, etc.)
- Test participants to be sure they fit participant criteria when possible.
- In selecting participants, ask who needs the training, who will use it, (secondarily, who will drive use), who is involved day-to-day in matters to be covered in the training.
- AED alerts SO team to possible "challenge" in recruitment process, then team calls TAC/G.
- Make it a competition for training slots. Use a stricter selection process, make it more stringent. Promote the idea that "training is a privilege not a right."
- Get other donors on board. They usually won't object to cooperation in principle, but may not follow through in practice.
- If not enough good participants, cancel the training and use the funds elsewhere.
- Select people who are actually doing the work, but also those who can push/make changes.

D. RAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- We need more flexibility to develop country training plans before, and as part of the regional training plan. We now have country budgets, but plan for budgets is set in Almaty.
- Lots of new people, AED, USAID, TAS -- put something in writing to explain the process.
- Conduct TOTs for more spread effect, create cadre of trainers in each sector.
- Continue support for unplanned activities.
- There is a dichotomy in the country -- conservative Soviet traditions vs. eagerness of Soviet grown older officials to send people abroad, including younger generation.
- Our proposals have not fared well against those costed out for inclusion in the training plan..
- Need a designated training coordinator on the staff to help with PTP and other training activities.
- Pay attention to training at the early stages of planning process. Be proactive, not passive. AED can help.
- We need to have flexibility between SOs here to take advantage of targets of opportunity, it is very important to us here.
- We need to avoid the syndrome of too many of the same people being trained. Need more outreach and diversity in selection. We should not over program the same people.
- Sometimes we put too much money into NGOs and people we know.
- We don't have much access to the government or to legislative reform. Training is the only way that we can bring these two sides together.
- Bringing government officials into the training loop can be very effective. We have concrete examples, e.g. inviting NGOs to present to government officials and bringing businessmen and government officials together on issues like taxation.
- Training should fit into a larger strategy, and we should know what results we want first. For example, if we bring equipment, people need training.

- In health the translators must be very good. Each interpreter should spend several days with the trainers to work out what words mean and what the concepts are. Sometimes the training that is provided by local trainers is lacking in methodologies….they use the lecture format they learned in soviet times. I advised AED that we work with trainers before training starts (practical works, pre-tests, post-tests….). If people are given lectures, they will not listen. It is human nature, if people are engaged in the material they will remember it.
- International trainers use good interactive training. But local trainers don't all have these techniques, so we have to work with them and prepare them.
- The ICI tool is very valuable to me!!!! It can be used to help participants.
- Do as much as you can to make certain that the government is involved as much as possible.
- Administrative/logistical requirements associated with training are numbing and even though this is a large administrative burden AED has been excellent.
- Having flexibility over time is important.
- Relationships matter!! Having time together, giving "them" things (i.e., travel) help solidify relationships and successes.
- Use training to make connections.
- "Generating training ideas is a very fluid process. You can't come to a round table with all of your ideas. The process takes a lot of contact with your country clients. Feedback often comes from informal, not formal, contacts."
- We can't shove training down the throat of people, ICI responds directly to client needs.
- Training heads of departments was a very wise move. These are the people that really impact changes, along with mid-level government workers. This is particularly so for KG and KZ.
- Still need ministerial people in order to ensure a level of familiarity of new ideas and changes, but the bulk of the training definitely should focus on the mid-level.
- Good training is full-time and it is a costly activity.
- TK is country that is not changing; health maybe a little, but in spite of same funding levels over the past 10 years very little change is occurring; remains stubbornly independent.
- Planning in TK is often futile, with trainings being cancelled at the last moment with little or no warning. *Note: Elsewhere we state that good changes result from training in TK.*
- Tajikistan is open to changes in all sectors.
- Follow-on activities to previous trainings are generally very valuable and received with enthusiasm.
- AED can assist with post-training components: workshops, follow-up; use of participants to design other training *[Eval Team note: doesn't this assume a budget, a line item of the training, in order to accomplish such a worthy feat?]*
- Want to help participants to use their trainings in different ways, e.g., thinking outside the box, going beyond the objectives of the training(s) that they participate in.
- Being proactive with follow-up ideas and activities is going to be important for AED country offices in their relationships with the TAC/Gs.
- Make sure that participants do complete their action plans. *[ET note: this should not just be the responsibility of AED, but also with AED working in consort with the TA C/G and their monitoring and eval person and SO teams.]*
- SO teams should also be able to find and appropriate monies to do this; *[ET note: it is in their, the SO's, interests in obtaining results]*
- Management skills are very necessary for the effective functioning of AED. A training background and capacity is also needed.
- In order for AED to integrate recommendations there has to be close coordination between AED, USAID/PS, SO teams and TAC/Gs.
- AED now has a full time M&E person at the regional level; it is also important for them to have a dedicated follow-on person at each of the country offices.
- Sending lessons learned to USAID on a quarterly basis should help.
- The relationship between AED and TAC/Gs is very important.
- AED should do training M&E as well. All training or just AED supported training?
- AED could do more than just logistics/transport such as monitoring quality.
- Make it a requirement that all participants will develop an action plan for how they intend to share what they learn.

- AED has funds for follow-up activities and should encourage "impact" over and above just training – build on training – knowledge, abilities, practices. skills.
- Seek out areas where impact is available/achievable then train there. (Role of AED to train when an area is located or to seek out appropriate areas or both?)
- Training of government officials is not that helpful. It's necessary to ensure that training goes to those who will take some action, implement some changes.
- Improve the training environment through encouraging increased local level ownership. TAs and USAID provide checks and balances.
- AED is feeling confident that they can turn down programs.
- Tie training to very specific goals which are tied to specific activities that they (participants) will perform.
- Fund internet courses. When participants have a critical mass of skills. they should be encouraged to apply them in a real-life setting.
- Publish workshop/training materials.
- Encourage good face-to-face meetings to discuss training ideas. Include USAID, TA and AED, strive to build consensus, ensure dialogue.
- Have results report card. If we get more results here and less there, then readjust funding accordingly.
- Set clear objectives for what we want to achieve, and have clearly defined ways to measure results.
- Careful design of training assistance can improve training
- Modify training approaches for participant objectives, *not just rote methods.*
- Planning is important, but so is flexibility.
- Follow-on to next level, day-to-day interaction, local staff continuity.
- Spend as much as is available on training, everyone is interested.
- Establish good relations between AED and contractors, put them directly with contractors. don't involve USAID in doing TARFs.
- It's easier to integrate training into the TAC/G contract than to do it through the PTP.
- Develop course book of what is available. *(on what? From whom?)*
- Ensure clear selection criteria
- Should be competitive selection process for participants
- Establish participant accountability (action plans, presentations, follow-on, etc.)
- It's not enough to count how many participants – quality is a must – "level of engagement" *[Does this mean participants must have high level of engagement with training. or must be senior enough to engage with the policy process. or something else?]*
- CTOs should insure that there are more requests (TARFs) then they have money available, so that they can prioritize for selection and inclusion into Training Plan.

D. 2 Success Stories

1. Used financial resources for training very effectively in connection with National Scholarship Tests. Sent 10-12 people to NJ for 2 weeks training with Educational Testing Service in March. The group became spokespersons for new ideas. They held test in June same year. They kept ideas alive because larger group trained. There was very careful selection of participants and the program was well-thought out and closely monitored.
2. Health sector training has helped make significant positive changes. especially in Kyrgyzstan. The Ministry of Health is fully on board and helps to make important and positive impacts in all areas of health reform.
3. The government instituted its own training program called FLEX to send people abroad for training in a variety of areas.
4. Training of accountants alone would not be effective, so AED brought in government officials from the Tax Inspectorate which greatly enhanced the training.
5. While in the process of teaching the government market policies. we needed an investment team. AED was able to provide that.
6. The government is showing a lot of interest in training.
7. There are a number of possibilities in the areas of commercial law, health, and (maybe) water. Tajikistan has had a "bad rap", in many instances for no reason – there are good things, positive things happening there.
8. AED's ability to program money in an "unprogrammed" environment is significant, especially in a post 9/11 world.

9. A lot of what we did with AED developed into much larger projects and activities.
10. AED helps pull together the pieces. By pulling together USAID, TACs and Health Officials in 3 day training program in Fergana, they helped to launch the decentralized health care structure in the region, changing it from a focus on centralized, specialized care to decentralized primary health care.
11. Micro finance is very important, but the Central Bank was not cooperating in promoting this concept. AED organized a roundtable that brought bank people together with small business people. The bank participated and made commitments to answer questions. After that they met regularly with the business groups, now they are working together.
12. Vaccination of newborns for hepatitis. This was extremely important in Turkmenistan, it is our future generation and allows our children to live. At the end of 2001, the vaccines sat around for half a year until our nurses got instructions through an AED assisted training. Now the vaccinations have been done.
13. One former participant and ICI user said "Sitting in my office I have little opportunity to do things. I'm so happy for AED because it helps me to get things done."
14. Regional Training Centers results of civil service programs, introduced interactive approaches unseen by many
15. KZ Pilot Safe Motherhood with ABT – trip to Lithuania – in last 6 months
16. KYR – WHO project (in last 6 months)
17. Transboundary water agreement – study tour
18. Climate change study tour formed climate change center
19. TJ Judges – very active, very involved – selection process good as well, promoted good result

2. AED STAFF INTERVIEWS

Country Names:	Regional
Research Audience:	AED Staff
Method:	Interview
# Conducted:	14

A. TRAINING GENERAL

A. 1 Definition of Training
- It is a process/activity to give new knowledge, skills and experience.
- Training – new knowledge, skills and experience (e.g. in micro-credit and finance).
- Retraining – have knowledge, skills and experience, but different people (e.g.. accountants, medical workers, etc.) need access to different systems, new information.
- Training is an instrument to convey information to NGOs, Tajik citizens, government officials.
- It is usually something that builds on a common ground or experience.
- In Tajikistan people are well-educated and trainings have not been so much oriented at technical issues of economics, but rather at political reforms and the strengthening of civil society.
- Trainings have been more successful with political issues than they have been with private sector (small business development) activities.
- Learning process, learn something totally new, theory behind practice and vice versa.
- Conference - learning what others are doing
- Ongoing learning process
- Powerful means of increasing country skills. Human capacity event, not just numbers.
- Conferences not training. They build awareness.
- AED four training types (1) Competed, (2) Cost sharing; (3) Off shelf: and (4) ICI.
- Delivering a message. One person delivers information or attitudes to others, this group understands it, assess where it can be used, and decides to use it if applicable.
- To increase knowledge and provide a new point of view, we want our participants, as representatives of Uzbekistan, to prepare US trainers with information about our situation and issues.
- "Feels TAC/Gs don't see training as value-added, so TAC/Gs don't spend much time on it."
- Training means delivery of skills to participants for problem solving and other skills to apply in the workplace.
- Conference is more for networking and information exchange. Makes a distinction between exposure and training.
- Training is best when the parts are integrated and build on each other and at the same time support USAID objectives and complement other developmental activities.
- Training also can be used effectively as a trial balloon.
- Training is also an important component for the realization of Islamic culture and tradition in Tajikistan.
- To make input into the development of a country during the transitional period in Turkmenistan. Main goal is to make it results oriented. Participants should be accountable. They should get knowledge and skills and apply them in the workplace and must want the training. They should understand the role of training. Training should solve the problem.
- Training should facilitate learning overall and create a higher/better level of awareness.
- "Feels TACs don't see training as value-added, so TACs don't spend much time on it."
- Training means delivery of skills to participants for problem solving and other skills to apply in the workplace.
- Conference is more networking and information exchange.
- Training is best when the parts are integrated and build on each other and at the same time support USAID objectives and complement other developmental activities.
- Training also can be used effectively as a trial balloon.
- Training programs help USAID realize its priorities.
- Training is an opportunity to share information, work experience.
- It provides skills and tools to equip participants to work better.

- It provides skills and tools to equip participants to work better.
- The objective is to learn and to help others learn.
- Training equips citizens with skills and knowledge to use in daily work – "bringing development to Kyrgyz Republic."

A. 2 Trends in Training or Training Types

- Roundtables, seminars, conferences, study tours, workshops (effectiveness/usefulness depends on purpose).
- Theoretical materials alone are not effective, practical materials are also needed.
- Site visits are essential to third country to see systems in action.
- Interactive training methods are new – praised by participants.
- Trends have followed goals of sectors, e.g. EF training goals related to new SMEs; DM training goals related to introducing different kinds of change.
- Under GTD more in DM, now increase in HP and EF, but DM is staying the same.
- First was to maximize exposure to the US with US based training programs.
- Next phase saw more of a focus on local and TC training.
- Now phase where the training is more integrated
- Training allocation tends to be used to fill in holes rather than being a well thought out program
- TACs think of AED in support role for implementation
- Major types of training undertaken in Tajikistan have been those that support activities and roundtables. Roundtables are not 100% training, but they have helped/are helping meet the real needs of the country in proving valuable forums for the discussion of ideas. Roundtables are most effective when they use interactive methods and they are aimed at really helping to define a problem and to flesh out all the issues surrounding the problem. Once these are agreed upon the roundtable can be used to develop the "next steps" where actions can be undertaken to raise awareness in larger forums. In Tajikistan they are often the precursors to formal resolutions and public hearings on national issues.
- First trips to US, cared only about numbers to change mentality
- Now concentration more on technical training and moved towards mid-level participants, want to move toward more bottom-up
- US training was/is for political purposes and diplomacy, not for technical knowledge gain.
- TC (Eastern Europe) – defines if working in right direction in CAR
- IC – less expensive, greater output more people have access (use consultants working on the ground)
- Effectiveness of type varies depending on purpose of training
- First was to maximize exposure to the US with US based training programs.
- Next phase saw more of a focus on local and TC training.
- Now phase where the training is more integrated.
- Training allocation tends to be used to fill in holes rather than being a well thought out program.
- TACs think of AED in support role for implementation.
- Regional training centers have good trainers available but may be short on organizational development. Just don't know.
- Choose sectors carefully for building training capacity.
- Trainings have definitely evolved beginning with NET, then Global and now START. NET was occupied almost exclusively with sending people out of the region for trainings or study tours; GTD was less so and began to focus more on local, regional and NIS resources. START has now focused almost exclusively on expected results and the importance of follow-on with participants and participant alumni.
- Out-of region training activities still have a place. This kind of activity demands especially careful selection of participants and intensive follow-on. It should be aimed primarily at middle level decision-makers.
- Practical issues can best be tackled by trainings in the region. Solutions to local issues need to be effected by trainings that address these issues through local institutions.
- Training that emphasizes similarities with the former Soviet countries is important as well.
- The role of AED has changed considerably, from one of almost exclusive logistical activities to one today that is involved in the technical activities surrounding training development and the actual selection of training participants.
- Training has moved from an almost exclusively agriculture focus to one that has almost no agriculture training at all.

- Sector-wise, D&M training ranks first, E&F second, Health 3rd and increasing in importance, and E&W pulling up a weak last place in terms of training activities/funds being spent.
- Training requests are now being written by the country offices – a major change.
- AED and TAC/Gs need to look at the macro level to best support USAID objectives.
- There are more opportunities to attend training activities, more activities.
- New methods to work with people.
- Trainings are now presented more openly, allowing more ways to introduce new things
- Three kinds of training, TCT, ICT and US. In the past, training was focused more on high level people and tended to be US based. This was good because this group learns through hands on experience. However, the climate has not been good for reform.
- Recognizing this, the focus of training was changed to in country so more training could be done that reached more people. This has been more effective. Also applied TOT approach using former participants as trainers. Conclusion: ICT is more effective because it fits the constraints of the Turkmenistan situation.
- How did they make technically trained people into trainers: Modern methods, TOT courses and certificates. TOT has been very helpful, especially with business and health care people.
- TCT has been very effective also as participants meet specialists in different environments and political situations. The skills they get are mostly in teaching others, e.g., in health care, NGO development and small business development.
- There is great demand for MCH in remote regions. Other emerging areas are:
  a. Development of small business.
  b. Environment (Especially for the oil and gas sector where there is a need for legislation, worker skills and regulation -- but as of yet there is no program in this area.)
  c. Democracy sector
- Down for US training -- fewer numbers and higher costs, some saturation. Up for regional training and about level for third country training (which can be very relevant).
- ICI most effective -- because it reaches greater numbers, lower cost.
- US training good for some areas like health reform, NGO development, etc. -- need to see the role played elsewhere. US training needs to be especially well planned.
- In Econ/Fin. earlier sent high level officials, last four years focusing on SMEs.
- During NET, there was more focus on national level.
- Health expanding rapidly. Going from pilot phase to 5 new directions. Good MOH collab.
- UZ interests and attention change over time. Good cooperation water, waste and natural resources. Don't like Democracy and media.
- ICI initiatives very important. Alumni approach on a regular basis.

B. TRAINING IMPACT

B.1 *Use/Application*

- Involve all stakeholders, then all interests are represented and defended.
- AED acts as a funnel and a buffer. Technical contractors may see the big picture, but not all of the little details, e.g., background checks, interviews, etc.
- Can provide AID and contractors questions and feedback.
- AID and TACs seldom think about follow-on.
- Many of the policy-makers and political decision-makers in Tajikistan have had AED-financed training. More attention needs to be given to them even today. They are very open (especially compared to decision-makers in other CAR countries) and they have a healthy respect of different opinions. E.g., they are very open to discussions.
- What is a result – measurable improvement directly attributed to knowledge and skills received at training.
- Working with specialists to determine what makes a good result, helping to define successful programs
- Capacity-building in EF sector
- Performance Audit (9 02) with Barents Group – learned audit procedures (critical approach) – saw immediate impact/results – changing trainees' daily performance and approach – changed thinking – putting together "Instruction Manual" to use countrywide in several Ministries. *Are we writing results here?*
- Training is building sustainability in health, tax, and accounting (standards in place results visible).

Evaluation of the Participant
Training Program in the CAR
G-15
April 30, 2003

- KAP, attitude comes first, because without it the other two don't happen.
- We have come a long way on changing people's work-site behavior -- at least at the mid level.
- Senior management tends to be interested mostly in personal gain.
- Knowledge – at the middle level there seems to be more intellectual curiosity but the upper echelons are a lost cause -- "Too much Soviet era baggage"
- For training to have a continuing impact there has to be a clear picture at the national level first.
- Eighty percent of active NGOs in Tajikistan have staff who attended AED trainings.
- training is building sustainability in health, tax, and accounting (standards in place results visible)
- KAP, attitude comes first, because without it the other two don't happen.
- come a long way on changing people's work-site behavior -- at least at the mid level.
- Senior management tends to be interested mostly in personal gain.
- Knowledge at the middle level there seems to be more intellectual curiosity but the upper echelons are a lost cause – "Too much Soviet era baggage"
- Bi-weekly international seminar series helped to internalize ideas from NGOs – this is now the ICI program.
- ICI in Tajikistan is seen as the main building block for capacity building and relies on continuous participant alumni relationship. There is also a ToT emphasis in this program.
- There is an attitude change among TAC/Gs about training assistance from AED.
- TARFs are the ticket now used to get the training ideas on the table. On the part of the TAC/Gs, this allows for more in-depth thinking, a sharper focus on objectives, the actual number of participants to benefit, the mechanisms required to get the trainees to the training, how the training ties to the USAID SO, how the training contributes to the TAC/G's contract and/or SOW, etc.
- USAID SO team prioritizes the TARFs.
- Awareness of the TARF for the AED country office and the USAID country office is important as AED can help "lobby" on the training's behalf.
- AED works closely with the TAC/G to develop the training request (TR) that contains a set of realistic activities, results and follow-on activities.
- Follow-on activities should also be generated by PTP alumni.
- Make certain that every USAID office understands the mechanisms of the PTP.
- AED is not the technical advisor in the sector, although it does have experience in the training sector.
- Before, people had no idea about how community groups can influence people's ideas. But during training events they learned how to establish and sustain NGO organizations and what they can do. Some became leaders of NGOs.
- There is growth of NGOs and community groups in Turkmenistan. AED receives many applications from these groups, e.g., under ICI. They want to develop.
- Follow-on (by the participants) is crucial to ensure no waste of training dollars -- "give back to the country."
- Caller to hotline of NGO opened own NGO after helped by hotline – hotline NGO trained and attended regional conference (not AED training) – that's results
- Small results may occur in the short-term and big results in the longer term. For instance, a caller to an NGO's hotline was helped by the hotline, and later started a new NGO.
- AED's "role" is to help TAC/Gs focus on and get results -- be results-oriented

B.2 Changes Made/Implemented/Challenges

- Should be not direct conflict with whose accountable for results – write up results get more training $$
- Most participants learn a lot -- some examples:
    - Through ICI weekly speaker series
    - Many new associations created after training -- Judges Association, Bar Association, etc.
    - Fergana got a whole new vision for health after training and got MOH support -- see Fergana focus group.
    - Micro-credit activity took off -- credit unions developing after training. (See Samarqand and Bukhara focus groups.) WOCCU active in this work.
    - Women's Business Association spawned 5 credit unions after US training.
- Women's groups now active in protecting women and promoting the message. They are bridging between law enforcement and NGOs.

- AED takes/needs no "results" credit
- After training cycle. should stay engaged with participants and organizations
- Should be no direct conflict with who is accountable for results – write up results [to]get more training funds.
- AED takes/needs no "results" credit. Perfectly willing to give TAC/G full credit for results.
- Grantees aren't even responsible for results.
- Early involvement in the process would be better. Could help with training plans. validity assessments (for training design).
- Training materials should be translated into Uzbek.
- TOT facilitators should speak in Uzbec.
- Should have up to date, multi media training equipment. Now limited to overhead and flipcharts.
- About 40% of participants indicate interest in keeping in touch with training organizations. as revealed in exit questionnaires filled out at training events.
- We can help the S.O. teams by bringing participant ideas to them. Sometimes they don't necessarily understand what their clients need and are requesting.
- We can help all the S.O.s work with each other, we could coordinate joint issues programs. Any cross-cutting activities would be great.
- TA contractors often have a narrow focus. We can help broaden the base of people they work with. i.e. combine news media professionals with health participants to help them broadcast their message.
- After training cycle, should stay engaged with participants and organizations.
- Unfortunately, when the money goes, linkages seem to go also.
- In CA don't see much continuous linkage between trainers and trainees.
- TARFs were recommended by AED as a basis for getting something in the training plan earlier with AED input and to force TAC/Gs to think more (earlier?) about what needs to go into their training.
- Unfortunately, when the money goes, linkages seem to go also
- In CA don't see much continuous linkage between trainers and trainees
- Brain drain. institutional memory lost, need to learn how to move forward.
- HP – Family Medical Training Center established. family training nurses center established and opened in oblast branches, nursing training integrated into college. new concept of Health Reform approved by President and supported by a number of AED-supported programs.
- EF – Tax administration – training for automation led to knowledge sharing by participants, post-training meetings and reports done. ICI then supported "computer tax" [? Possibly electronic tax reporting]. Follow-up work included fiscal reform and work on tax code changes. Amendments are in the works through the Ministry of Finance. A commercial law TOT was held in TC (Italy). these trainers then trained more trainers in TC (KZ), trainers returned to Tajikistan. Now ICI trainings are being held monthly throughout the country to train lawyers in commercial law.
- In terms of AED's value added, AED has a very experienced staff that can be a big help in organizing training activities. We are talking here about logistics. finance and ability to understand the needs of an organization. If more authority were given to AED, would like to:
  a. Work on needs assessment. Would like to develop our own strategy for needs assessment. We know the environment and know the people. Think USAID rules don't permit AED needs assessments currently.
  b. Participant selection. Many USAID contractors already apply to AED to help with selection and keeping to USAID procedures.
  c. Training design.
- There are opportunities for improving impact, but these are limited by the government system. which is the biggest constraint.
- There are four levels of impact:
  1. Participant reaction (attitude change, opening up the will and desire to change, commitment).
  2. Meeting training objectives. e.g. getting skills to build NGOs or develop business plans for small business.
  3. Change in the quality or quantity of work, e.g.. implementing a business plan.
  4. Changes in organizational or unit performance. e.g.. old practices change.
  No. 1 is their best target and sometimes they are able to get at #2. But given environment. difficult to get beyond that level.

- Here is an example of the level of impact we get. In 1995 a businessman who heads a fund for entrepreneurship development got training. After that he has been regularly writing letters requesting changes in taxes laws.
- There are linkages back with training organizations or trainers. This is like follow-up. It is what goes on after the training. They support alumni groups and provide workshops and publications. Some of the people involved are in-house trainers or resource people. These things are happening now and especially during last year (START).
- Training in TC is good for sensitive areas like democracy. Then these people can come back and pass their learning to others.
- DM – media training resulted in talk show with politicians and hard-hitting stories on military practices that have resulted in the convening of military commissions to investigate alleged abuses reported.
- EW – Water Associations were organized, but no organizational skills, so couldn't be sustained, no further training programs since. Trans-boundary water/energy agreements put in place.
- New Health Minister is a PTP alumnus, is very dynamic and will bring a greater focus and raise awareness (and training) of health in the country.
- Six or seven of the current Ministers in Tajikistan are PTP alumni.
- Under the GTD contract, AED/TJ had a follow-on specialist; now the follow-on is the responsibility of each staff member and is the focus of a monthly staff meeting.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges (Old vs. New/GTD vs. START)
- People need to be kept in the loop when changes are made to training programs, no matter where those changes come from. This is a professional courtesy and can best be effected at the country level.
- Turnover with staff at AED is a challenge; the same with staff at the country level of USAID.
- The training request is approved by USAID. The training plan includes four SO's, SME/FIN, Democracy and Media, Health, and Water and Environment.
- Important to maintain good working relationships with contractors and grantees.
- Make sure they understand AED role. Not a problem here, just important.
- Working with contractors we try to convince of benefits of including AED in the development process.
- We have no area which has been saturated with training, we need to enhance all areas.
- There should be more emphasis on training in the sciences.
- We don't need just basic education. We need education at all levels as well, mid and higher education. Science researchers have been ignored since the break-up of the Soviet Union.
- AED cannot request program ideas from TAC/Gs. AED shouldn't be presenting ideas.
- Almaty tends to homogenize training, make everything regional.
- Bureaucracy is a constraint. Selection process must go through ministerial level. Not often a problem and it is getting better.
- The good thing is that we are heard by SO and TA providers in Tashkent. We still have problems being understood and included in decision making with the Regional office in Almaty.
- In GTD we had no input in training design or participant selection. The GTD regular initiatives were not good.
- Process:
  1. TAC submits TARF (very basic 2 page document) for training program to USAID Technical Office. From there it goes to USAID Almaty for approval.
  2. Next it goes to AED which composes a training request in rough draft.
  3. Next AED works with the training providers to do the TR in greater detail so that one or the other can draft up the TR in full. It is a very complete and detailed document covering all aspects of the training, including budget.
  4. When ready the TR is sent to AED Almaty for an activity code.
  5. Next the TR goes to USAID Turkmenistan for approval and then to USAID Almaty for final approval signature and assignment of program number.
  6. Then, a letter is sent to the Turkmenistan MOFA for their consent, where 80-85% on average are approved. Generally, health and business programs are approved. Sometimes health is not approved and there is about a 50% refusal rate for democracy programs.
  Note: This description omits the training plan.

- Question: Any improvements needed in this process? The process is long but it is safe and it works. Often. TAC/Gs come to AED with ideas at the pre TARF stage. However, it is our understanding (AED-T) that AED can't get involved until USAID approves (that is, it is in the training plan).
- Maintaining a close working relationship with TAC/Gs is very important
- Getting the right local staff trained and mentored will be very important for AED.
- Why have separate contractor?"
  - o Provides accountability mechanism – self-interest to do training right that others don't have – increase quality of trainings – quality control
  - o "logistical fire department" – need that
  - o Hold CTO, TACS/g more accountable as well – in selection process – and help them (participants) do their best "regardless of their position, can encourage them to do their best"
  - o Ensure that PTP rules and regulations are followed, AED only ones who can do that (LC note but if no AED/PTP existed there would be no rules to follow????)
- Resting on trust of ALL stakeholders that AED staff qualified to perform this/these roles
- Focus on issues others don't have to focus on
- If we could get involved earlier "have a 'voice' earlier", could improve quality of training programs
- Need to have buy-in from all stakeholders
- We talk the talk – but are we doing it and seeing the importance of it (results-orientation)...."
- AED develops budgets for TARF (based on established rates written in AED procedures binder distributed to TAs), TA contractors don't ever see the budgets (USAID request).
- Devote more time to "truly training", i.e. not waste time processing approved training activities that are not really training activities, e.g. political exchanges – activities from which there can't be training results because not a training – spend time on training development only, not be responsible for results of non-training
- If AED could see TAC/G contractor calendars it might help AED prepare for possible "unplanned" requests (get from USAID so don't have to ask/bother TAC/Gs for them).
- Difficult to reprioritize when need to help with unplanned activities - "lead time too short."
- AED only exists because of TA contractors – it is not really a training organization.
- Most effective when all 3 parties involved - AED, TA contractors, and local counterparts.
- All should be equally responsible – trying to get buy-in by all parties (AED is treated simply as a "logistics" provider).
- Don't dare raise voice to disagree with USAID. e.g. when USAID waives rules for someone or waives criteria for someone.
- NEW ROLE wanted – full involvement – participant selection, develop training (not content) "we have lots to offer because we know what's going on...."
- OLD ROLE – viewed as logistical provider only
- Can coordinate efforts so no duplication, no overlap
- Now collecting training reports from all TAC/Gs quarterly and putting into database – will soon have information on all trainings *(LC note – TAs aware, country offices aware?)*
- With TAC/Gs – what are your needs? AED helps them think through TARF then AED does TR for them if approved. *(what % of TARFs approved? LC note)*
- With USAID have lessened paper load ONLY AFTER TARF and approval. 1) TR. 2) Recommendation Memo, 3) TIP, and 4) Participant Selection approval. *Can we expand this?*
- AED has to be seen as constructive and not adding to the TAC burden.
- TAC should take responsibility for technical design and identification of the participant pool.
- TACs need to be responsible for their deliverables, not necessarily quality control or follow through, so AED can help by providing quality control and technical buy-in by participants.
- Shoddy planning that could be eliminated with this AED process
- AED could keep the rigor in training programs - "Happy to play the bad cop"
- 2-page form TARF completed by TACS "is a good thing and a move in the right direction for quality control..."
- Free AED up to help TACs come up with training needs and designs - give AED time to do that – "AED has an experienced training and program specialists that could be a great help..."
- Not that many TACs that AED to work with, i.e.:
  - o Energy and Water -- PA Consulting and USAID Tech Office.
  - o Health and Population -- Abt

- o Enterprise and Finance -- Pragma and Baerring Point
- o Democracy and Media -- UI, NDI, Counterpart, Internews and ABA
- Coordination among the donors is important. Their staff rotation is frustrating and personnel changes may mean loss of opportunities for leveraging funds and cross fertilization of activities.
- Start with participants early on, become heavily involved with selection of participants and prepare them if training requires (preparation of materials, concept papers, draft laws, etc.).
- All program specialists do follow-on. There is no longer a follow-on specialist, just training program assignments.
- Conduct goal-setting sessions (after TARF is written usually) with participants to 1) set goals, 2) complete selection matrix, 3) if appropriate, make recommendation regarding participation, 4) explain goals/objectives of training program, 5) establish participant products/expected results, e.g. action plans, follow-on training. "If participants have a broader idea... more success, more results..."
- Conducts pre-departure orientation for participants going to a third country or the US, to review goals/objectives/products/expected results.
- Follow-on is essential – contact alumni regularly (2 days, 3 months and 6 months after) to discuss opportunities, shortcomings, status/progress of expected results, ICI ideas.
- Short-term impact/results well covered, followed and documented. Some work is still needed on longer term, but many participants stay in touch or are contacted after 6 months.
- TAs should be more careful with TARFs. Two pages may not be sufficient, i.e., there may not be enough on results, not enough justification for location (for instance, why is training being held in Almaty?), or not enough consideration of the length of the program (why 3 days or 1 week?).
- Before writing TR prepare a list of questions for providers to answer to be sure that all needed information will be included.
- Follow-on activities are not included in the TARF.
- When the time frame is too short, e.g. 1-2 weeks, it's difficult to do things well. We want to be flexible, but short time frames are a problem.
- USAID pays attention to the field offices. Ideas for training should come from Tajikistan and not from the region into the country. There still is not enough feedback from country programming.
- When ideas/money come from outside the country there are more problems with implementing a training activity than when the ideas originate inside Tajikistan.
- AED brings considerable value to training in Tajikistan – there is a significant amount of institutional memory and training experience. Maintaining this and harnessing it are less problematic than in other AED country offices in the region.
- In-Country Initiatives (ICIs) are designed to work directly with local staff and to continue working with them following the initial training .
- Training participants have very good ideas based on real life problems and ideas and working with them to find solutions will/can have significant impacts/results.
- AED/TJ is also very familiar with local organizations, that means they know the local players and their capacities and experience – these are tremendous assets to TAC/Gs who are trying to address/solve issues and problems, AND also provides additional depth for the ICI program.
- AED has a good working relationship with government bodies (they have trained a lot of government employees), with training alumni, NGOs, TAC/Gs, etc.
- AED is at a significant advantage to assist TAC/Gs to develop their training ideas and to assist them with their development.
- Ideas from partners named in the TARF are also critical – again they should be discussed before the TARF gets submitted.
- The TAC/G needs to be the responsible owner of the training idea; AED can assist and be a valuable catalyst and broker but the "training idea owner" needs to have done the concrete thinking and planning in advance of the TARF and certainly by the time the training request gets submitted.
- TARFs should help bring greater value to the training participant because there will be a "forced" thinking on the part of the TAC/G. They have to work more closely with the target groups to effect the training, to meet, to talk and to learn more about the problems that are being brought to the table – the ones that the trainings will hopefully address.
- In short, the TARF has more of an impact in helping to define and set forth training needs.
- AED needs to advocate for and promote understanding of linkages to USAID/CAR priorities.

- *Develop a solid training providers network in the* CAR and in individual countries: AED is in a prime position to facilitate this and to help develop a cadre of service providers for the region. NGOs of certain types and at certain levels can help.
- Training for organizational development and board development is certainly needed.
- Need a better understanding/consensus on how to move from an output to a result.
- ICI funds available for participants' follow-on activities, building on knowledge. attitude and skills.
- Contact past participants to see what they have done and to see if they fulfilled "contractually agreed upon outputs/products" e.g. work plan, training, information dissemination, etc.
- Participants agree to do specific things. There should be follow-through to see if these things happened. There is no real M&E, no assessment of impact.
- Trainees can initiate follow-on ideas and obtain ICI funds (though not sure how many have).
- AED works with TAC/Gs to design goals. objectives, and indicators and prepare for follow-up.
- Do follow-up to remind participants about what they learned in the training program and to help them disseminate information.
- Relationship building very important – TAC/Gs are used to "no interference". don't understand need for more AED involvement or understand new process – trying to help them understand
- "Work within the perimeters of AED realities…"
- Get region-wide consensus of AED on new role and tightly coordinate
- TAs to work with AED to come up "with best possible product" then we (USAID) will consider your good idea
- Capacity of Staff – needed training/work/capacity building:
    - Get interested in current events
    - Research TAs
    - Backstop across sectors. and gain sector expertise/knowledge/understanding
    - Continue to maintain and improve/build TA relationships
    - Integrity and training program design "we are not trying to tell TAs their business" however we have a lot to offer
    - Be able to compete with TAs contractors one-on-one – negotiate when they feel design could be improved/changed
    - Assist in objective manner with participant selection – "if too cozy… or seen as less than professional…. or too territorial…. AED staff involvement will be questioned"
    - Staff needs to see themselves as equals – equally competent
    - Market program – reduced paperwork, etc (consider "Services Menu")
- For AED to get involved earlier on – must be seen as an equal partner – involve in training design BEFORE it is included in the training plan
- AED staff need to see themselves as "development specialists" (not logistics specialists)
- Help TAs see bigger picture of what participants have been up to (AED experience. databases. work with local staff)
- Budget transparency is in place to the extent possible on USAID directives
- Maintain a balance in drafting TARFS
- Transparent process sends the right message to the community. is structured in ways that encourage accountability. and that see that participants are challenged.
- Tension exists between TACs need to make good on deliverables and taking on the AED additional training responsibility.
- Difference between GTD and START. AED takes more of a role now and gets very involved in writing the TR. It has more of a role in designing content and in participant selection. More active now and seeing better results: Example:
- Since we were given more initiative in program design. we wanted to develop skills in public relations -- a weak area in Turkmenistan. So. AED developed a program.
- ICI allows participants to conduct follow-on training. It provides AED and participants more freedom to design programs. ICI recently included a journalism initiative.
- "Why have separate contractor?" "We don't make the product. we make the product better."
    - Provides accountability mechanism – self-interest to do training right that others don't have – increase quality of trainings – quality control
    - "logistical fire department" – needed – can turn things around quickly.

- o Hold CTO, TAC/Gs more accountable as well – in selection process – and help them (participants) do their best. "Regardless of their position, we can encourage them to do their best."
- o Ensure that PTP rules and regulations are followed, AED only ones who can do that.
- o Accountability factor - if no AED/PTP existed there would be no-one to see that USAID's PT rules (ADS 235)are followed. They could be abused.
- Provides flexibility – money can be moved around.
- Resting on trust of ALL stakeholders that AED staff qualified to perform this/these roles.
- Focus on issues others don't have to focus on.
- If we could get involved earlier "have a 'voice' earlier", could improve quality of training programs.
- Need to have buy-in from all stakeholders.
- AED has to be seen as constructive and not adding to the TAC/G burden.
- TAC/G should take responsibility for technical design and identification of the participant pool.
- TAC/Gs need to be responsible for their deliverables, not necessarily quality control or follow through, so AED can help by providing quality control and technical buy-in by participants.
- Shoddy planning that could be eliminated with this AED process.
- AED could keep the rigor in training programs - "Happy to play the bad cop"
- 2-page form TARF completed by TAC/Gs "is a good thing and a move in the right direction for quality control…"
- Free AED up to help TAC/Gs come up with training needs and designs - give AED time to do that – "AED has an experienced training and program specialists that could be a great help…"
- Not that many TACs that AED to work with, i.e.:
  - o Energy and Water -- PA Consulting and USAID Tech Office.
  - o Health and Population -- Abt
  - o Enterprise and Finance -- Pragma and Bearing Point
  - o Democracy and Media -- UI, NDI, Counterpart, Internews and ABA
  - *These are the main ones. LH has vetted our list of 31 TAC/Gs.*
- AED in the other four countries are probably stronger on technical skills while AED/Almaty reflects more the administrative, coordination and management side.
- If AED remains only in a logistics role, it could be spun off in five years time as a fee for service business.
- Share logistical costs with TAC/Gs.
- We're looking for consensus on what our new "value added" directions are:
  - o Logistics
  - o Selection process (guide, facilitate, play bad cop for TAC/Gs when needed)
  - o Training design
  - o Action plans for participants – pre and post training
  - o Needs assessments (e.g. round tables on a specific pile of TARFs)
- USAID needs to take TARF and tell the TAC/G to work closely with AED on making this a better process/project.
- Lose participants when they are not challenged in a training program
- Cooperative agreements tend to give short shrift to training - trips outside of the region viewed as shopping trips
- Constraints to implementing ideas:
  - o *Balance between speed and quality is difficult.*
  - o Needs assessment is a bottleneck for AED.
  - o AED gets in on the process late.
  - o TAC will already have an approved work plan with USAID - training plan is extra work
- Get region-wide consensus of AED on new role and tightly coordinate – *the oil tanker analogy.*
- TAC/Gs to work with AED to come up "with best possible product" then we (USAID) will consider your good idea.
- Capacity of Staff – needed training/work/capacity building:
  - o Get interested in current events
  - o Research TAC/Gs
  - o Backstop across sectors, and gain sector expertise/knowledge/understanding
  - o Continue to maintain and improve/build TA relationships

         o Integrity and training program design "we are not trying to tell TAs their business" however we have a lot to offer

         o Be able to compete with TAs contractors one-on-one – negotiate when they feel design could be improved/changed

         o Assist in objective manner with participant selection – "if too cozy… or seen as less than professional…. or too territorial…, AED staff involvement will be questioned"

         o Staff needs to see themselves as equals – equally competent

         o Market program – reduced paperwork, etc (consider "Services Menu")

- For AED to get involved earlier on – must be seen as an equal partner – involve in training design BEFORE it is included in the training plan
- AED staff need to see themselves as "development specialists" (not logistics specialists). Core group of AED staff know the individual players in each country. Don't have technical expertise, but know the lay of the land.
- In the sense of institutional memory, working with TAC/G local staff, helping/improving the participant selection process. *This needs clarification.*
- Help TAs see bigger picture of what participants have been up to (AED experience, databases, work with local staff)
- Budget transparency is in place to the extent possible but is constrained by USAID directives. Can answer queries on line item basis
- Maintain a balance in drafting TARFS
- Transparent process sends the right message to the community, is structured in ways that encourage accountability, and that see that participants are challenged.
- Tension exists between TACs need to make good on deliverables and taking on the AED additional training responsibility.
- Lose participants when they are not challenged in a training program
- Cooperative agreements tend to give short shrift to training - trips outside of the region viewed as shopping trips
- Constraints to implementing ideas:
  - o Balance between speed and quality is difficult.
  - o Needs assessment is a bottleneck for AED.
  - o AED gets in on the process late.
  - o TAC/G will already have an approved work plan with USAID - training plan is extra work.
- The right process is dependent on lead time.
- Getting qualified trainers is not easy. "It is worth every penny to bring trainers in early to learn the ropes and adapt the training to local needs and conditions."
- MISTER database is underutilized by TAC/Gs.
- Is USAID serious about results?
  Getting CTOs or C/Gs to realize that local AED staff is a "value added" resource.

C.2 Recruitment/Selection

- Selection of participants can be daunting to TAC/Gs.
- The participant selection process is in three parts. TAC/Gs fill out a matrix provided by AED that helps with selection process. Then AED helps to conduct the interviews. TAC/Gs appreciate this assistance.
- The main TAC/Gs are:
  Counterpart Consortium -- Democracy
  Ed Net - SME and Finance
  Abt Associates -- Health
- Allowing AED to select trainees in partnership with TAC/Gs should mean better participants overall.
- AED ADVISORY ROLE ONLY – SELECTION SHOULD BE BETWEEN TAS AND LOCAL COUNTERPARTS – AED SHOULD BE INVOLVED THOUGH, PARTICULARLY IF SOMEONE ON THE CANDIDATE LIST HAS ALREADY BEEN TRAINED AND IS NOT USING IT.
- Selection a touchy area. TAC/Gs feel they know their people.
- Panel approach is best, and the first decision is who should be on the panel.
- Best example of how AED would like to see the selection process is the Russia program -- Panel consisting of TAC, AED, USAID (but not Ministry – they approve later.)
- It is easy working with central figures in Tashkent.

- In the regions we need to work through alumni. Some illustrative criteria:
  - capacity to make change.
  - include host government representatives on the panels.
  - early SO team involvement.
- We should be involved in participant selection, we know the territory.
- The selection process can be utilized to determine if the potential participant is willing and likely to change (even if we don't know the technical subject area).
- USAID should consult AED before selecting participants, give it a chance to advise and provide feedback on candidates.
- Training participants need to come away with concrete skills – targeted skills – should be part of selection process.
- Recruitment should favor a transparent, competitive process, with the net cast wide.
- Repeat training should depend on job performance.
- There is a tendency in DM and EF to by-pass AED on selection.
- As above, many AED local staff have institutional memory (organizations and people) that can help (especially TAC/G local staff) with the selection process.
- AED should be designing strategies that maintain the integrity of the selection process.
- AED should be able to play the role of an independent broker.
- Selection process is used to determine if this is an appropriate candidate for the training but also to assess possible future needs.
- Training participants need to come away with concrete skills – targeted skills – should be part of selection process
- Recruitment should favor a transparent, competitive process, with the net cast wide
- Repeat training should depend on job performance
- TAC/Gs know the audience. They are not always involved in the selection process, but AED tries to make them aware of how the process works.
- AED helps with general selection criteria, e.g. English requirements, how many times candidates have attended trainings, how they can be expected to use what they learned, whether they have ability to influence change, whether they are working successfully in substantive skill areas.
- AED collects participant information and sometimes questions choices.
- Follow-on should be based on buy-in to change and willingness to face challenge.
- Action plans would be good if flexible, practical, and participants are held to their implementation.
- Need *"carrots and stick"*, e.g.:
  - Funding available for continuing their work after training
  - Recommendations, certificates, and awards are significant here
  - Create an atmosphere in which they want to continue to work hard
  - Award ceremonies, banquets with guest speakers, e.g., Ambassador
  - Competitions at end of training program, e.g., for follow up resources, etc

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- There needs to be a continued interest in and awareness of what other donors are doing.
- Patience is important and there needs to be increased and improved coordination between AED and USAID.
- AED needs to attend D&M and E&F roundtables in country.
- Flexibility continues to be important; but spontaneity can only go so far – lead time for training activities is very important.
- The greater the lead time the fewer the problems and the better the working relationship.
- Don't critique the TAC/G's training plan on technical issues.
- Do ask questions about preparations, development and follow-on - these are really appreciated.
- Maintain good relations with contractors and grantees.
- Be sure they understand the AED/USAID training process.
- Include AED in the Almaty meeting of SO team meetings at the regional level.
- Materials and training in Uzbek.

- US training takes special care and attention in planning and implementation.
- There are a variety of TAC/G management styles. Deal with them with sensitivity and care.
- The need for follow-on training is enormous. Training is only pre-history, what is important is what you do after the training.
- Under the ICI program we work with alumni to design programs. In this manner we can have more influence in including creative and effective training methods.
- First, this past ten years with AED has been the happiest period of my life. I'm so grateful for AED and USAID. They have given me lots of opportunities to develop.
- I remember almost all of our participants. They always thank us for the opportunity to train. They have become changed in attitude as well as skills.
- People here have been prepared for changes through training. When trained, they get introduced to new ideas. Thy tend to become change agents, changing from passive to active in their behavior.
- Involve AED early on, it could be "filter" – to help TAC/Gs think through what they want to achieve – something measurable that goes beyond numbers.
- "…we could get 70% of the ideas expressed in the TARF with early involvement – we feel we have the blessing of USAID to be involved in TARF development before it goes into the training
- Involve AED in participant selection – when possible make the process competitive. "AED can help participants become committed to some follow up action, e.g. action planning: 1) elaborate criteria in TARF, 2) list possible participants, 3) process participants (interview/application, etc.)
- Integrate database (Mister, Training Requests, etc.) to track participants, track programs, track training providers, etc. all with a view to assisting and improving training process and programs.
- Provide follow-on services with training participants when TAC/Gs cannot.
- Create partnerships with TAC/Gs to provide follow-on services.
- Use pre-training participant interview to identify follow-on activities, training needs assessment (AED product). *Doesn't needs assessment come before pre-training?*
- Build local capacity of trainers.
- Develop regional/local trainer database with standards for inclusion.
- Do AED needs assessment (short-term) trainings to be done in community. *Needs clarification.*
- Encourage participant alumni initiation of ICI proposals for projects, trainings.
- AED becoming more and more flexible (because of USAID restrictions – not to them but to TAC/Gs), e.g. Agriculture Conference – no agriculture work really going on in CAR – AED recommended regional CAR presentation (concept paper) – this approach helped participants prepare and encouraged regional collaboration.
- Involve local counterparts in programmatic design, involve with TAs in development of TARF.
- I'm happy to work with USAID Turkmenistan and always have good relationships with USAID in Almaty.
- Follow-on is the weakest point of our program. We don't work regularly with our alumni participants -- only about 30% are involved in follow-on activities. We want to raise that percentage.
- Here are some ideas for follow-on activities:
  - Dissemination; workshops.
  - Create our own group of trainers in various sectors to provide training.
  - Need a follow-up staff person.
- More attention needs to be paid to pre-departure orientations: USAID and TAC/Gs are missing excellent opportunities to impress upon participants the importance of their training, how it fits into the C/Gs programs and what they should be looking for and what they may expect to get out of the training. This will not only make for greater impacts, but also have considerable bearing on follow-on activities and opportunities.
- "Don't let an idea die once the training program is over."
- Niche for someone who does honest reporting from all stakeholders
- Value-added:
  - Logistics
  - Participant selection assistance
  - Action plan requirement, development and follow-up
  - On per program basis, training needs assessment
  -
- Decline interest in doing US-based – "if done 'right'…, but if participant selection handled badly, results 'bad'….."

140

- TR Budget process needs to be more transparent, honest negotiation necessary
- TACs need help with training needs assessment and developing a cohesive training plan – connecting SOs
- USAID needs to decide fundamental role for training – if logistics/fire house – make it a business and each office independent entities, if more than this …..???
- TJ open to training
- KYR was open but now getting more closed because lots of money has gone to a small population.
- UZ and TK not open to training, TA or new ideas – "the young people are, we just can't reach them…"
- Involve national level, need to get their buy-in.
- Would be happy to be involved in: (a) USAID budget setting, and (b) pursuit of implementation of participant action plans. However, the money isn't there.
- Mission priority clearly isn't follow-up – "…pressure is on future programs most of the time and on results …"
- AED staff has been in CA countries for a decade and represents a great resource
- Become the honest broker in USAID training review and approval process – "the due diligence enforcer:"
  o USAID would give AED the green light to work on Training with TACs. Staff reps would go to TAC and brainstorm ideas and work on training issues. Result would be better plans from TACs.
  o TACs would submit forms to CTO and AED would comment
- Work with USAID and prioritize and red flag the programs on which AED thinks there should be follow-up
- Close gaps, close loops and use AED to support the creativity that is out there.
- Need an awareness campaign for training providers.
- Rabiga's support of AED has been important for smooth TA relationships.
- Program opportunities include agriculture, SME (laws for micro-credit), civil education (citizens' rights and responsibilities), government personnel training (higher level) in working/running government (continual because of 2-year turnover), prosecutors office, poverty reduction program.
- TA contractors should work with local organizations/government to research needs/wants.
- Involve TAs in GSS (right now just AED and participants).
- Training providers should work with stakeholders to see what they want, work more closely with local counterparts.
- TARF should be reviewed by USAID. "We are not specialists in the sectors, USAID specialists should help." TARFs should go to USAID/TJ – they are interested, they have experience and can make suggestions. They have approval authority, if the TARF doesn't respond to the needs of the country, can refuse approval.
- "Ideas should originate from the field where needs/ideas/wants are truly understood.."
- It is very important to maintain the integrity of ownership of an idea when developing it for training.
- Full and open discussions about training ideas should happen before the TARF is submitted.
- USAID County Rep, TAC/Gs and AED can work very successfully together to leverage funds needed to support critical training ideas. A close working relationship and knowledge of each other's needs can help considerably to effect the changes. This again is a good opportunity for ICI monies.
- Conferences are most effective if they are more than two days – insuring that practical inputs and experiences are built in can greatly improve their effectiveness.
- Following up training for mid-level decision makers (especially training in TC or US) with a ToT program can greatly improve effectiveness, follow-though and spread of ideas. PLUS a ToT of this type has a very good chance of being funded by AED
- AED is a key player for training in the region.
- Regular exchanges of AED staff and ideas across boundaries in the CAR is needed. Annual workshops ARE NOT ENOUGH. These exchanges can play a significant role in improving the delivery of AED services and greatly improving the effectiveness of marketing AEDs product
- Maintaining a close relationship with participant alumni is easier in Tajikistan – it is a small place. The important point is that the relationship IS the main purpose of a significant part of the daily operation of AED Tajikistan. The alumni are the clients.
- There is significant cross-over of experiences among trainings: key persons in government with training in decision-making roles make good trainees!
- Exchange and information visits between local AED staff country offices are important for more effective servicing and morale.
- Must focus on results – "bring things for betterment of our society."

Evaluation of the Participant
Training Program in the CAR
G-26
April 30, 2003

- AED needs to establish good collaborative working relationships with TAC/Gs. Be proactive with TAC/Gs. Get to know TAC/G local staff, not just directors.
- AED needs to do more marketing of what it has to offer, especially in terms of availability of ICI funds.
- TAC/Gs' relationships with the ministries often have a direct impact on overall results that the TAC-Gs obtain in their contract – training participants can often play a role in this arena
- There is great demand for MCH in remote regions. Other emerging areas are:
  - ❑ Development of small business.
  - ❑ Environment (Especially for the oil and gas sector where there is a need for legislation, worker skills and regulation -- but as of yet there is no program in this area.)
  - ❑ Democracy sector

D. 2 Success Stories

1. Educational roundtables conducted by AED and contractors have helped new ministries provide leadership for educational reforms.
2. GTD funding was used to gain experience with the processes of the ETS in New Jersey. This led to a much more transparent distribution of scholarships. A small but important contribution.
3. Study tour to US in DM (11/00) – on return, participants organized an agribusiness coalition, the first of its kind in Kyrgyzstan.
4. Study tour to Holland on EF – established department to help taxpayers understand and fight for *their* rights.
5. Reexamining previous success stories to do a "where are they now?"
6. UZ – man went on study tour, now very active in HIV
7. UZ – students had roundtable – created working group
8. Trainee who started DM NGO (started before training) (trained 3 – 4 times) active on political issues, *women's rights, promotes values, now good speaker and persuasive* (didn't know technique before trainings). Trainings moved her along in her K&S and professionalism.
9. Knowledge can be transferred/gained even in the most unusual circumstances. We had a famous participant, Mr. Rzevsky. During a program, on one of the first days, he had a heart attack or heart condition, and spent the entire training program in the hospital. He had other participants bring him program notes on a daily basis, and on a daily basis he sent questions to the training program. He came back with a completed plan of action. The success here is in his determination to finish and the cooperation of his colleagues.
10. Changing attitudes, desires, and mentality is extremely important. We have put government officials together with members of the media. In the seminar they saw that there were no barriers to working together...now local government and the media have a better understanding of each other. Isn't this changing mentality?
11. In the health area we need to change mentality and behaviors, not just disseminate knowledge. We have taught that people with HIV are not bad people, but that they need help. It was very difficult for teachers to deliver messages about AIDS to students. we did some direct training of students as well to demonstrate how this could be done.

3. TA CONTRACTORS

Country Name:	Regional
Research Audience:	TA Contractors/Grantees
Method:	Group Interview/Interview
# Conducted:	3

A. TRAINING GENERAL

A. 1 Definition of Training
- Build local capacity
- The nuts and bolts of providing specific skills to individuals
- Applied theory to understanding a science
- Helping to establish an analysis-driven system

A. 2 Trends in Training or Training Types
- Have seen change in AED approach to training – 1st send to US; 2nd send to third country and set up alumni centers; 3rd complement TAC/Gs' planned programs (not implementing training for them) – providing extra resources.
- AED program has improved tremendously over the years, moving to more results, clearer now.
- First, basic training in place. Now, more advanced, building on and expanding basic knowledge and skills.
- Have established over 100 partnerships in the region between US-based health professionals and medical institutions in the CAR – working only with volunteers.
- In the past 3 years have worked with AED to help fund training participants in eleven training events with 3 more in the pipeline.
- Almost all AED training assistance has been and continues to be logistical support to the TAC/Gs.
- Longer programs mean a greater investment in the individual.
- Must be very careful with TOT. Use it for areas in which the skills are available locally or can be trained both as to technical area and training skills. Perhaps for 2-3 day sessions.
- In health we want to keep our cost share balance 20% from outside the project and 80% internal.

B. TRAINING IMPACT

B.1 Use/Application
- Very few NGOs at first in Central Asia. Now thousands of NGOs throughout the region.
- 34 NGO support centers opened and functioning.
- Developing capacity of local trainers – training techniques, curriculum design – next steps "tailoring" training programs to individual NGO needs (with help of local trainers, et al., develop something fitting needs of individual NGOs).
- Now much more focused on capacity building – using grants and trainings to do this.
- Successful localization (transfer of all to local NGOs). *Transfer of all what?*
- With START/AED – developing more sustainable civil society organizations.
- Need to work with AED and others to leverage more funds.
- We worked closely with AED and Counterpart Consortium to develop follow-on with participants of the nursing leadership workshops; these have allowed nurses to write proposals for small grants to do specific activities that they generated the ideas for and can follow through with.
- Monitoring and evaluation is traditionally part of our structure; we have found that we have been able to develop indicators for impacts/results for each of our 7-8 initiatives that we do in the country.
- TAC/Gs should have a say over the design of their programs, not AED.
- If AED is cross-cutting, why don't they come to us to propose collaboration and joint efforts.
- AED provides meeting and conference support, transport and logistics.
- AED has been flexible and helped to fund 2 to3 people on short notice (usually still takes 3 to 4 weeks) to attend a training course in the region.

- We make great use of AED training program. Really appreciate it. Great to have AED around to plug into.

B.2 Changes Made/Implemented

- Solid training assistance to centers in place – trainers, materials, training process, content, methodologies. *Who does this, what centers?*
- TARFs are being used in the strict sense to help identify training opportunities and planning for the coming year.
- Things were clearer for us in GTD program. Now there is some confusion with AED going after results. Results orientation of the training program could put us (Abt) in conflict with AED -- competing for results from same program. Where does AED fit in USAID results framework?
- START has the capacity to link programs across sectors -- that should be their results focus.
- *Wish we could work with AED on budgets. This is where partnership and coordination become most meaningful.* However, AED budgeting for training is a closed process. Has led to some coordination problems in implementation. Not serious, just awkward.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges/Role

- New START process is much more time consuming, i.e. steps, negotiations, etc.
- If didn't have someone dedicated to training couldn't work with AED, BUT feel "time well-spent", i.e. allows us to do necessary training activities outside our scheduled program activities
- Seems USAID controls types of training activities, AED has funds.
- Seems to be confusion about funds actually available. "They (USAID) need training ideas by tomorrow ..." Then the ideas are not well thought out, and, if approved, we need to develop a plan for an idea that was not well thought out.
- "...feel USAID uses AED as a personal training pot ... something s/he is interested in doing...does it...sort of top down instead of surveying sector needs..."
- If TAs and AED staff disagree on results, methods – question of who is in control??
- AED is concerned mostly with logistics. "Maybe that is the way it should be...leave to TAC Gs with local expertise to design and manage the training...work with AED to do logistics. TAC Gs are responsible for program implementation but the program must be well-thought out."
- Funding within our organization is very limited and we are always looking for additional funding opportunities.
- Our organization is interested in CAR-wide events; AED is often best capable of only country specific events and if they could also fund region-wide activities that we be helpful to us.
- Would like to be able to work with AED to help bring in people (trainers) from the NIS and/or Ukraine who have specialized knowledge for specific training with the family medical centers that we work with in the region.
- Being able to provide materials/handouts greater than the exact number of training participants (e.g., have extra materials available) would be beneficial to many participants who want to take things back home with them.
- Work with USAID to determine their priorities in the health sector and then also the national ministries of health in the CAR to determine their priorities and then work with their networks to identify partners and help these CAR institutions achieve their goals.
- US-based partners are sought via national postings identified through a competitive RFA process.
- AED provides training support on a fee-for services basis (A letter is sent requesting their services detailing what they would like covered, along with a budget estimate and purchase order for the services AED can provide in that regard is drawn up with AED, or other service providers, in a straight business transaction).
- Could AED provide a menu with ways that it might provide services on a fee for services basis? Items could be listed "a la carte", flexible, and often with a quick turn-around.
- In the past, again on a fee-or services basis the TAC/G has had a blanket purchase order that could be used for specifically identified tasks. The contractor is looking for a fee-for-services arrangement with a faster turn-around and one that could be flexible. Perhaps one in which the "pot of funds" could be replenished whenever it is drawn down. If the activities funded could be related to skills and knowledge building might AED, USAID and the fee-for-services contractors develop an acceptable arrangement that would give this

type of flexibility (and still remain accountable) and also show impacts? *Does fee-for-services contractors in the last sentence refer to AED or some other entity(ies).*
- Can AED, on a fee-for-services basis be engaged to help pay for activities in Kyrgyzstan?
- The most effective programs are the technical courses where participants are away for a month or more.
- For my needs I have mixed feelings on US based programs, technologies are too advanced.

C.2 Recruitment/Selection
- UNDER START, PARTICIPANT SELECTION IS "TRANSPARENT AND INCLUSIVE."
- When AED and the TAC/Gs ask participant candidates to write a letter explaining why they are interested, how they will use the training, this helps to ensure that they are motivated. TAC/Gs had no real process before – just listed candidates and USAID picked them. TA feels new collaboration process is working well.
- Work closely with AED to determine the selection of the right people.
- Assists AED with disseminating the interview sheets.
- We know our potential training participant audience is the best and we are willing and open to discuss this with AED to verify why the ones we have chosen are the "right" ones.
- Can AED, in a fee-for services arrangement, provide a list of services that it can provide under such an arrangement.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- AED & TA develop ideas jointly, talk together about training ideas in line with USAID/TA strategies.
- Identify training topics based on well-designed process to identify topics as opposed to "ad hoc" training ideas
- Announce "invitation for training plan ideas" early on so that TAs can contact all stakeholders/clients to gather ideas, compile. *(LC? Isn't this the same time every year?)*
- Ensure selection process where participants are "invested" – can effect change, prepare letter of interest, willingness, know what they will do with training knowledge and skills.
- Need to plan – participatory planning
- Time cost definitely worth working with AED
- Change "definition of cost-share" (what AED will cover). I.e., trainers must be covered by TAs. This is sometimes difficult; the tender process is very expensive. Maybe allow TAs to identify trainers without cost-share or competitive review.
- Sometimes appropriate for same people in numerous trainings, especially different training topics, building on things learned – not just look at number of trainings attended.
- AED should work with TA Training Coordinators in each country regularly and provide orientation regularly (for staff changes) to explain process/procedures "have thick binder, but not all information included and must read between the lines..."
- Collaboration with AED is very helpful, flexible and professional – even beyond the "call of duty."
- Our own partnership funds are not enough to do the job that we need to do; have to rely on AED and USAID to help us undertake activities here in the region.
- The programs will only be as good as the people who do the programs (trainers). We can't just go out for the cheapest, newest bids. We want to use consultants that have experience and we are comfortable with.
- We should invest in the development of technical schools (training for specific professions) located here in CA.
- The training course works well on the participants' site if it is technical in nature.

D. 2 Success Stories
1. Training on "community networking" – Irish trainers from rural Community Network volunteered time and tickets to work with CAR trainees on community networking. AED paid for all participant cost, without financial assistance wouldn't have happened. Excellent results 1) developed action plans for each CAR country (with countries working together), 2) when returned to country had Action Plan and conducted feasibility studies country-by-country to see if community networking and plans are feasible (studies in progress). Additionally IR Rural Community Network has submitted a proposal to EU to send some KYR

Evaluation of the Participant
Training Program in the CAR
G-30
April 30, 2003

participants to IR to community networks in action with participant from KYR being to be supported by START.

2. American International Health Alliance's (AIHA) relationship with AED appears to be a very successful one and also one that "fits" the START mold. AIHA staff are very pleased with the assistance that they receive from AED and the planning appears to be a very cooperative process using one primary staff person at the AED/CAR office, the TARF process and also a collaborative effort at training participant selection. Impact on the region is very good, very visible. AIHA operates within 7 to 8 "Initiative" areas within the health sector. They work with national ministries of health in the region to determine priorities and also work within USAID's SO 3.2 construct and their priorities. Activities, plans and needs are developed and laid out in a request for proposals (or agreement) format and posted nationally in the US. Health professionals and institutions respond with proposals, a timeframe and a budget. "Partners" are then chosen competitively from those responding.

AIHA has been operating in the CAR for 10 years. They have developed over 100 partnerships in that time. Partnerships are between CA regional health organization and a health institution in the US. There are six currently funded. In general the US institution sends professionals for 2 weeks or longer, often with periodic visits and local counterparts also return with the partners for similar stays to observe and undertake practical training activities.

The AED/AIHA relationship started in October 2000 where AIHA was pointed in AED's direction for assistance with a regional conference for medical educators. **The conference/training used the American Association of Medical Colleges and prominent deans from several US medical schools as trainers.** AED helped to bring in local educators and rectors from the regions medical schools and institutions. The Central Asia Council of Rectors was formed as a result. Since that time AED has assisted AIHA in ten additional trainings and three more are in the pipeline. The majority of these trainings have helped nurses, family practitioners and trainers reach a broad spectrum of health care professionals in the region bringing them new ideas, technologies and strengthening the capacity of local health care institutions and networks.

In one instance AIHA, AED and Counterpart Consortium worked together to pool resources to provide follow-on activities to a Nursing Leadership Workshop that allowed nurses to pursue individual ideas generated by the workshop and provided small grants for them to initiate specific activities related to things they had acquired at the workshop

KAZAKHSTAN FINDINGS

1.   PARTICIPANT INTERVIEWS

Country Name: Kazakhstan
Research Audience: PTP Alumni Participants
Method   Interview
 # Conducted: 8

A. TRAINING GENERAL

A. 1 Definition of Training
- Process of transferring new knowledge and giving examples of application – *"You can learn from books....but important to see in action."*
- Self-education
- Broadening self – result –ability to make more informed decisions
- Help to carry out project and understand project activities

A. 2 Trends in Training or Training Types
- Practical examples of what organizations can do should be included in the training curriculum.
- Conference with general sessions then technical topics then visits to NGOs to see what is possible worked well as a study plan in our case – working with the disabled.
- No big changes, though more now conducted in country and more 2-3 day seminars (shorter than before).
- Third country and in country are effective, but if we're studying new technology it's better to go to the site. Also good to bring theory to the site.
- More general trainings – but now need more specific ones with specialist trainer and "go and see" when appropriate – *"General training is OK for policy makers and leaders, but specialists need specialized training to feel what is happening, be there when appropriate, experience – especially for the practical…"*

B. TRAINING IMPACT

B.1 Use/Application
- Learning from practical example would have been better (practical training was the exception not the rule)
- Opportunity to work together was a great learning experience
- Learned about Americans – "Emotional explosion for us…we learned what real Americans are…different from our preconceptions…"
- Learned new directions, new dimensions
- We found cooperation with authorities was feasible. Government gave us free space and reduced tariffs for our operation.
- Attitude – "I was a prisoner of my own mind, program changed who I am…"
- Came back with "radical" ideas, impressed by self-made man, opened my own center
- Delivered conference, invited many NGOs, gave several workshops for colleagues
- Taught colleagues how to be practical in problem-solving – "everything was important, I use my new skills on a daily basis…"
- Started own organization
- Gave solid background in organizational/managerial/financial knowledge and skills, used then (Health and Population) and use now in new job (Energy and Water)
- Helped to make decisions, directions, and create new systems and reorganize old
- Increased understanding of topic, change of opinion
- "…if not useful, we adapt or ignore…"
- Put all reference materials in library, have seminars, conferences and meetings with staff, at internal meetings introduce topics, have critical analysis, and Q&A

- 2-3 times yearly share with others in region and agree together how to present information (seminar, trainings, etc.)
- Very important to get an exchange of information and learning from one another, and from different countries. Learn how problems are solved in different countries. Also creates networks
- Main advantage in organization is exchange of experience, through discussions and presentations
- Organized training courses after conferences or trainings is standard practice
- After coming back I tried to organize and conduct training to teach my own colleagues what I had learned.
- I strived to pass on practical information not just theory. So my colleagues did appreciate the programs I delivered.
- There are many staff members with a narrow focus. Trainings can provide a broad viewpoint. We need many programs on tax implementation.

B.2 Changes Made/Implemented

- Redirected and focused our activities
- Cooperation with other organizations, cooperation with local authorities
- Treatment protocols – cost-effective and useable – were introduced
- Evaluation methods of health insurance companies – audits and medical facility checks – learned and implemented
- Private practice now very well developed (doctors and dentists) in urban areas
- Number of "serious" health insurance companies increased
- Didn't change anything, but added something new to program – adapted materials, updated information, introduced new training topics
- Old system (Soviet) had a different view of what to do. Our training suggested a new "paradigm." We needed help to redirect efforts & activities based on this new paradigm.
- Difficult to "enforce" changes everywhere, if only in some places change doesn't actually take effect or stay
- Different systems (US & here) very complicated to use methods of US here
- Couldn't use information in "pure" (as presented) form. Though interesting, knowledge and skills didn't fit attitudes of countries, had to work to change those first – then adapt knowledge and skills and use step-by-step. Things are improving but we're still working on the problem.
- These courses bring great benefit to us. But the short nature of the programs mean that there is no time to relax and digest the information. We have to absorb information quickly and try to apply it without fully understanding what the results in practice might be.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges

- Training and trainers underestimated us and our level of knowledge & experience.
- Too much time spent on some topics (most) and not enough on a few
- Practical portion should be 10 days not 3
- Offered training, afraid to offer change suggestions – didn't want to lose the chance to have this training.
- More than met expectations, even visited actual sites where systems were in use, show rural and urban – equally staffed and equipped facilities
- When participants are very diverse (in backgrounds/training) expectations will not be met, it is a waste of time explaining to those not at same level
- Less theory, more practical experiences
- Like interactive training approach, meaningful, no more lectures
- Training must take into account the changing level of knowledge and situation it addresses
- Courses are too short, many problems to talk about, some of these discussions take half a day
- Give us more opportunity to take an active role in the training design
- Have trainers here some before and learn more about our situation and laws, etc "we do same in US"
- One day (for a conference in Europe) was too short, not satisfactory, so much money, so little time. "I couldn't get the essence of the problem in just one day, had no chance to interact and network. Should have been 3 days minimum. I need to present my problems and hear about how others have solved similar problems in their countries."

- One week is far too short a time in the US
- "You base your activities on your projects and not our needs."
- Quality of program was good, good interpreters, good level of meetings
- Technical content was wonderful!
- Training is 1- step, should be many interactions after (did not happen) – "don't abandon us after training…"
- Ensure adequate selection of trainers – knowledge of specialists is high – if trainer not specific or qualified – participants not interested and leads to discredit of training program
- Size of training group - big groups good, same region – can share experiences and approaches from other countries, but in a smaller group it is easier to learn.
- Needed more precise tactics, messages, and strategies
- One week is far too little time to acquire needed knowledge
- The only drawback was that the course was far too brief, it was only 5 days in duration. The topics are broad and you need time to examine them thoroughly and from many different perspectives.
- In the whole world there are very few people involved in tax modeling, it is very important to gather people from many countries so they don't just have the opportunity to learn, but to exchange ideas as well.
- It there is a list of courses, we can start the discussion and select the areas we need. Then we can co-design the programs we conduct.
- Less theory and more practical knowledge.

C.2 Recruitment/Selection

- Get right mix of participants within training program
- Completed application from USAID, was working in field and had necessary background
- Select based on purpose of training, select those really doing the work for which the training is intended – "some participants act like tourists…inappropriate…"
- Parties inviting should have tougher criteria – should follow criteria not necessarily recommendation of bosses/chiefs
- Specialists of same level and same background
- Selection should depend on tasks and purpose of training

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations

- Include participants in design, be sure to understand what is useful to "us", what we need – consult us (recruitment/expectations?)
- No limit to perfection & learning never ends – "As Stalin said – learn, learn, learn…"
- Don't just rely on yourself, cooperate with colleagues – "it should be give and take…"
- When training is planned, come here, make mutual decisions about the training, not just from foreign-side – create "local partnership"
- Need to consider local needs, infrastructure, organization, local policies and politics, etc., need to understand local situation to effectively design training
- Resources and materials need to be available in Russian
- More concrete – follow purpose and tasks, training must have determined concrete results
- Training should be followed by project or activity so that knowledge and skills can be immediately applied and used and funds need to be firmly in place for that project or activity - "must be able to see results…"
- Clear selection criteria for candidates – interview not make it random
- "Training not just for the sake of training" – have specific purpose and directed results
- In developing content, consider "actual" level of audience – "not always enough taken into account…"
- Knowledge more specific – deeper
- For third country and US, have smaller groups – more attention, learning, practice
- For training in country – more concrete, specialized approach is needed – focus on how to resolve in country problems (how to transform/adapt). To do this, the trainer needs to know the needs of the audience.
- Participants selected based on profession/specialty – they should be well-prepared
- Need courses on state property

Evaluation of the Participant
Training Program in the CAR
G-34
April 30, 2003

- Training departments want us to work with them on coordination and nature of training
- Exchanged ideas in one week but due to short time couldn't develop direct opportunities
- First part of program should be devoted to becoming acquainted. second part devoted to solving problems
- Develop programs for longer length
- Cooperate more closely with country institutional representatives
- The main point is interaction and intercommunication in the design of training programs. We have real experts on our staff as well, and they have practical experiences. Training programs should be based on interactively designed programs.
- Every Ministry needs trainings designed in collaboration with their technical staff to meet their own special needs.
- Training courses offer real benefits. especially since there are so few world experts in the field. Since there are so few specialists in finance. it is doubly important that we have training.
- The main ides is to use interactive opportunities to exchange ideas. It may be that the participants in the program know much more than the instructors or professors.
- The use of creative training engages our minds and makes us think in different ways.

D. 2 Success Stories

None cited

2. PARTICIPANT ORGANIZATIONS' INTERVIEWS

Country Name: Kazakhstan
Research Audience: PTP Alumni Participant's Organization
Method: Interview
 # Conducted: 2

A. TRAINING GENERAL

A. 1 Definition of Training
- Process to learn something new
- Communication
- Exchanges of experience both practical and theoretical
- Putting knowledge into practice

A. 2 Trends in Training or Training Types
None mentioned

B. TRAINING IMPACT

B.1 Use/Application
- Have become more professionally confident as result of training
- Interactive training very important; most useful; learned quickly with this method
- Provided new experiences and established broader/greater avenues of communication; more communication
- Very important to get an exchange of information and learning from one another, and from different countries. Learn how problems are solved in different countries. Also creates networks
- Main advantage in organization is exchange of experience, through discussions and presentations

B.2 Changes Made/Implemented
- Gave me new methods that I have used elsewhere
- Provided new training methods that I have been able to use effectively
- Has helped establish/bring about more openness on the job
- Has changed perceptions/perspectives and ways of looking at problems and/or different approaches
- "Has helped me smile more", made me more relaxed as a person on my job

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Like interactive training approach, meaningful, no more lectures
- Training must take into account the changing level of knowledge and situation it addresses
- Courses are too short, many problems to talk about, some of these discussions take half a day and the program may be only one day in length.
- Give us more opportunity to take an active role in the training design
- One week is far too short a time in the US

C.2 Recruitment/Selection
- We are acquainted with the needs of our Ministry and departments

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations

- There is a definite need to continue the trainings in the oblasts and to have greater interaction there
- Need to have more and continuous collaboration with international organizations
- Training should be both specialized and appropriate for the audience being trained
- There needs to be systematic follow-on
- To be effective, and to avoid having too much crammed into a single training, the training events should ideally be more than 3 days and less than 10 days in length
- "We welcome the opportunity to work with TAs etc. in assessing our training needs and developing training responses"
- Training departments want us to work with them on coordination and nature of training

D. 2 Success Stories

None cited

3. PARTICIPANT FGDs

Country Name:	Kazakhstan
Research Audience	PTP Alumni Participants
Method:	Focus Group Discussion
# Conducted:	2

A. TRAINING GENERAL

A. 1 Definition of Training
- Something that provides me the opportunity to learn and improve in general
- It is something that provides me with new information, or confirms previous information in my area of interest
- A chance to experience something new, to get "new knowledge" within a field I am familiar with
- It is a give and take -- an exchange of ideas
- Prove/validate/confirm knowledge
- Get knowledge
- Experience exchange between people, between countries

A. 2 Trends in Training or Training Types
- Move from lecture to interactive
- Training through practice

B. TRAINING IMPACT

B.1 Use/Application
- It should be connected to my personal experience (to be worthwhile)
- Has to be aimed at a particular level to be worthwhile
- To be effective trainees need help to fit it all together
- An assessment is important if it is going to help trainees move to the next level
- An approach that recognizes cultural difference is important; Russia is very different
- Training can be different; cultural vs. political ends yield different results
- New approaches to the same old problems can provide a trainee with different perspectives to apply his/her skills; to improve comfort level
- Provides a practicum
- Make new friends, provide new and stronger linkages/networks to others
- Very important to get an exchange of information and learning from one another, and from different countries. Learn how problems are solved in different countries. Also creates networks
- Great impact, shared experiences, learning about neighbors' laws and proposals
- Methods utilized were effective
- Got knowledge from each other and learned how problems are solved in different countries
- No problem implementing... apply readily in the country

B.2 Changes Made/Implemented
- Training very effective in tax law area, has had an impact on country's tax administration
- Changed our way of thinking and how we go about our work
- "... is changing because the world is not standing still....we must change as well...we use these experiences and opportunities for change to find a way out of our situation"

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Trainees have been more skilled than the trainers: this also provides an opportunity to share experience (e.g., can pose a problem, or can also be a genuine opportunity – depending on where the trainer and trainee take it)
- Arrogance of some trainers can be an issue, especially when they are not sure of the experience of an audience; again the trainer should work together with the trainees
- Interactive training/discussion is important and a valuable tool for learning
- Difference in vocabulary/technical words and assumptions can pose enormous problems – trainers should have a good knowledge of their audience before they begin.
- Content needs to be appropriate: the level of the material being presented, its newness to the audience and the challenges it seeks should stimulate and not be boring or stale
- Gender and cultural issues can present challenges
- Having participants more or less of the same experience and general background is important
- Too many trainers have high expectations of their programs (either as a single program or a series of trainings aimed at some lofty objective), or the material they are presenting – they are too full of themselves and of what they expect their programs will accomplish in terms of results/goals achieved
- Less theory, more practical experiences
- Like interactive training approach, meaningful, no more lectures
- Courses are too short, many problems to talk about, some of these discussions take half a day and the program was one day in length.
- Give us more opportunity to take an active role in the training design
- Have trainers here some time before and learn more about our situation and laws, etc. "we do same in US"
- Practical experience is best
- Course was too short
- Haven't had much application to my job directly, but interesting
- Main advantage – interactive character

C.2 Recruitment/Selection
- Had a choice of attending, although sometimes the selection was imposed
- My director chose me
- A Minister chose me because I was an expert in the same/related field and due to my own personal interest
- I was qualified to contribute and to bring back new information
- I had to compete both nationally and internationally for a spot on the training tour.
- Selection done by circulation of notice, apply for training even if only slightly relevant, "will learn something"
- Selected by department head

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- Need to have an audience with participants of similar backgrounds; levels from which the audience is drawn (academic, research, managerial, director, sub-director, etc.) needs to be similar: there has to be a common stepping off point for the audience/participants
- Need to have a clearly defined purpose and objectives in order to be effective
- Participants need to prepare themselves, e.g., be accountable and be a knowledgeable consumer
- Methodologies that use a common language (and vocabulary), provide written background information, are interactive and provide feedback and discussion are important for success
- Roles and responsibilities of the training team should be clearly defined: trainers should switch roles, and/or provide different presentation techniques to hold the attention of the audience
- Proper scheduling of the materials needs to be realistic, varied and not crammed into too tight a time period. There needs to be adequate (read: MORE) time for discussion/interaction (among trainees and trainers)

154

- The expectations of the trainees need to be met. Having pre-training discussions, interviews, conversations, and work that participants prepare before the training is important to having a successful training event.
- Logistics is critical, as is having functioning equipment (A/V, vehicle, pens, markers, flipcharts, etc.)
- Feedback and results are important to follow-on and improvements in on-going programs; follow-up and follow-on (monitoring) should be an integral part of the original training budget
- The levels of the training participants should be known in advance
- Trainers need to have a good comfort level of the country and the audience – trainers too often underestimate the level of the participants. Preparation, preparation, preparation
- Greater trust and confidence should be given to local specialists/trainers/volunteers to utilize more fully the local capacity, AND to build up local capacity
- Need a non discriminatory and unbiased selection method for participants
- Avoid paternalistic attitudes (on the part of the trainers). Trainers should not underestimate, or be misinformed about the CAR population/people
- Need concrete, concise examples; too often there are "too many words" surrounding the presentation of an idea; avoids "white noise"
- Get the right trainer for the right task
- Work hard to define the purpose of the training early in the planning process and then stick to it and don't let it get watered down by other add-ons or by selecting/inviting "inappropriate" participants.
- Need courses on state property and privatization.
- More courses directly related to job responsibility
- Make practical experience not just theory
- Coordinate with local institution's training department on the nature and location of training "we want the opportunity to take an active role in the design of programs"
- Foreign trainers should come early, learn about what they need, i.e. the situation, adapt training accordingly BEFORE the training
- Work with each other's systems, e.g. auditing, communicate full on the issue

D. 2 Success Stories
None cited

4. TA CONTRACTORS

Country Name: Kazakhstan
Research Audience: TA Contractors/Grantees
Method: Interview
 # Conducted: 3

A. TRAINING GENERAL

A. 1 Definition of Training
- Regional trade, quality management
- Training that provides certain level of skills
- Something that *"gets the job done"*
- A conference is NOT a training event, it is information sharing; helps focus people on an issue, creates an environment for policy change
- Means to accomplish your targets
- Transfer of skills and knowledge, it is communication

A. 2 Trends in Training or Training Types
- Mix of in-country, third country, US based training
- Short course (2-3 days), interactive
- Moving from general to more specialized/higher level courses, market more sophisticated (public relations)

B. TRAINING IMPACT

B.1 Use/Application
- Activities that were the subject of training are now occurring nationwide
- Attitudes are changing.
- Information and techniques that we were exposed to in training resulted in an improved herd and more milk production.
- Purchased equipment based on recommendations/techniques learned. May need financial help from donors.
- Increase in market, creation and growth of industry, infrastructure creation, understanding of issues and application of principles evident, as just mentioned.
- Create labor mobility, building accountable institutions
- Follow-on is critical dimension. "Follow-on is what you do when you are not doing training."
- Training is integrated into everything. "If it isn't worth training, it isn't worth doing"

B.2 Changes Made/Implemented
- Created web site
- Went to trade show to put into practice some of what was learned in conference
- Trained others, enabling them to take lead in their field

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges or Opportunities
- Wants to see meaningful action plans, follow-up on action plans – provide needed information, networking to group/individual with action plan
- Does needs assessment and developed modules
- No evaluation follow-up by AED, though TAC/G noted that participants are doing the things they were asked to do, e.g. action plans.
- USAID spreads thin – "Gives them (participants) a piece of cake, but leaves people hungry for more…"

156

- Finish the job of institution building before moving to new group & new training as was done in the case of the Regional Training Centers.
- Allow work at national levels as well as local level.
- Need to be in position of planning, directing and managing own training, not just reacting
- Often asked to fill slots but not necessarily to fulfillment of their contract terms of reference, disruptive, not necessarily useful, and wasteful if not consistent with our SOW.
- USAID gives money for training and allows organization to manage, AED do administration and logistics
- Not sure of AED process – timing, procedures, what training covered "What does AED actually do? Why is AED needed?"
- Clarify how to access and use AED training funds – deadlines, process, etc (always staff turnover, regular "how-to's" or a how-to packet?
- Clarify cost-sharing concept between AED and the TAC/Gs.
- AED and logistics "AED is stretched thin" – we throw in our own support staff to supplement AED's people, e.g. IT people, translators, etc. for key training events.
- Our technical staff and counterpart organization training offices discuss and design *training programs*
- AED is cooperative, but sometimes logistics breakdown, e.g. packets assembled backwards, etc.
- Don't use AED for TOTs because of lead time, bidding process, etc.

C.2 *Recruitment/Selection*
- Survey of prospective participants.

D. TRAINING DIRECTIONS

D. 1 *Lessons Learned/Recommendations*
- Training is better when local people have a hand in design so that training process can be adapted to reality
- Trainers benefit by association
- Department heads should also be involved in training
- When training is designed, budget some funds for follow-up activities
- Develop ways for *measuring training impact* (UI)
- Set-up AED purely for administrative support
- Build in follow-on
- Plan ahead
- Find opportunities that fit needs of participants & then get approval
- Ensure participants can see connection of *situation/training* introduced to their own world/reality
- Ensure a good participatory local trainer
- Stop doing training when there is no tangible evidence of results
- Believe in capacity development – not same training year after year, develop capacity in Ministries, local institutions with whom work
- *Advanced technical and training techniques in certain areas* (KZ/KYR)
- Basic level training is still needed in Tajikistan, where things are just getting started.
- AED could help with follow-up: look at proposal for training, ask for lesson plans, ask for practical follow-up plan (not just per TARF)
- On TARF, ask what "future stream" of activities the training is part of with milestones indicated
- *Develop follow-on with local counterpart as informal training agreement* – not necessary to involve USAID – similar to agreement AED signs with TAC/G.
- Would be quite effective if host country organization or ministry signed training agreement (implementation plan and follow-on called for) "… should state what we want to accomplish, how we are going to do it, how we will be following up…"

D. 2 *Success Stories*
1. Regional Training Centers
2. TCT Activity to East Germany
3. Kyrgyzstan growth in Mortgage Market

4. Performance Audit. Went in with an advisor to expand the mandate for government audit programs -- that is, doing performance audits rather than just financial audits. We put together a course. working with our counterpart. The area of the pilot audit was the government TB control program. We did a case audit with our counterparts. This resulted in a good report and the government requested more. This has changed the way the audit department does business. Now the President is pushing for more reform in the TB program.

5. Integrating Trainer/clients....... We brought out the training staff 10 days early for the current training program in Almaty to meet with clients, fine-tune the design, design new sessions, and conduct a collaborative training program. He studied the tax laws. etc. and adapted the training plan and materials accordingly.

KYRGYZ REPUBLIC FINDINGS

1.   PARTICIPANT INTERVIEWS

Country Name: Kyrgyz Republic
Research Audience: PTP Alumni Participants
Method: Interview
 # Conducted: 8

A. TRAINING GENERAL

A. 1 Definition of Training
- Improves skills in a field
- Knowledge gained to be helpful in practice; often, even if not immediately applicable in practice a person can find a way to use this knowledge
- Communicating with a specialist; often a sharing of knowledge and experience
- A way to improve knowledge and techniques
- Goal should be not only to improve planning and society, but also the way that we live and work
- Something that improves communication among people with similar backgrounds
- A way to improve an individual's professional level of competence
- A way to communicate with colleagues in other countries and an opportunity to share similar professional interests and to compare experiences
- An opportunity to see and experience the daily operation of others and the problems and issues that they face
- Education, improved knowledge, new skills that are useable
- Experience sharing – help and improvement in knowledge and skills
- Share opinions and experience and come up with common solutions (conflict as well as agreements)

A. 2 Trends in Training or Training Types
- MORE OF A MOVEMENT TOWARDS MODEL FORECASTING; BECOMING MORE SOPHISTICATED AS MORE TECHNICAL KNOWLEDGE IS GAINED
- Training has helped the public health sector move significantly in the direction of providing improved quality of medical services and has instituted standards and indicators for measurement.
- Trainings have changed and should change more – now more specialized (need more), training approaches are changing (need more), encourage more discussion and opinion sharing.
- Trainings have been more and more progressive and built on one another and previous trainings.
- Quality of trainings has improved and the quality of the material being shared has also been upgraded.
- There is now a better balance of theory and practice – before it was all theory, now the practical applications are gaining significantly in importance.

B. TRAINING IMPACT

B.1 Use/Application
- Demonstrates revenue models that are based on taxes of different types.
- Shows a variety of elements of financial accounting.
- Shows computer demonstrations of financial models.
- An organization is now working directly with the Barents Group to improve local revenue models and to apply them in country.
- Sometimes useful, but training in 1997 used an old computer program (older than DOS), not used in country. Computer package was not really helpful. The purpose of the training was good – just that system was old.
- It is a chance to discuss issues with other CAR specialists, exchange ideas and opinions – understand each other better, make contact with others.

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- Elaborated problems. identified interconnectedness of CAR especially in EW (Environment and Water).
- Shared informally with friends. no mechanisms within organization to share.
- Gathering of specialists to exchange ideas gives us ideas on what to do. how to do it – then we try those ideas we think appropriate for us.
- Creates people networks for support and ideas and solutions.
- Brought importance of establishing and meeting deadlines to government structures not yet NGOs.
- Broadened perspective, gave ideas on how to "attack" issues at home.
- Participants compared old and new and developed new way of looking at issues.
- Learned how commissions worked and now can apply information to own situations.
- Since collapse of the Soviet Union, we have been "living in an information vacuum." Training provided an opportunity to get/share information.
- Issues raised and things to do not yet ready to be done here. "What we learned was a little ahead of where we are... the time will come...."
- Training helps to fill a communication void and offers good opportunity to share information.
- With training, participants get a better idea of what fits and what does and does not adapt readily to your own situation.
- The use of information systems and statistics are better integrated based on training experiences in country and regionally.
- Training has also helped with the quality of the information being shared.
- Trainings have helped to reduce transaction costs and have helped to motivate co-workers to find more efficient ways to get the work done.
- Training trips have helped to identify additional training needs.

B.2 Changes Made/Implemented

- Has helped the way in which the Ministry of Finance has/is doing revenue forecasting.
- Made progress in standardizing methods for future implementation.
- Training changed how participant analyzed problems– the philosophical underpinnings are now examined and reasons why and the impacts of actions to society are part of course's teachings/goals.
- Marketing is now understood as not only profit-motivated. but also how it fits and improves society.
- Now a greater understanding of the impacts of business decisions on the environment.
- Instituted ideas and philosophy of quality customer service (in health profession).
- Recognized the importance of having the patient come first.
- Established a telephone hotline.
- Established an information system and a center/clearinghouse for health insurance information.
- Established an implementation plan for executing concepts and ideas.
- Radically changed my outlook on how I perceived my profession and allowed me to see the much bigger picture of how individual pieces could fit together to make a bigger and functioning whole.
- Developed standardized reporting procedures and a computerized payment system.
- Provided linkages between health insurance companies and the ministries of health and finance.
- Helped to bring about legislative policy changes in the health sector.
- Helped to establish normative legislation for the medical profession.
- Amendments to constitution with new rights (local governance) adopted.
- After trip to States started own NGO. work to have new labor laws adopted. developed new activities.
- Developed water distribution program as result of ideas from training. but no direct skills-knowledge gained in training to do this (idea from another participant on what they were doing elsewhere).
- Local government reform taking place slowly. but surely. This can be observed.
- Bringing about positive reforms e.g. water resource use. local governance. military reforms – increased legitimacy of "reform process" because can now place issues on the table. be heard. and sometimes make constitutional changes.
- Took models that didn't quite fit and made corrections. then used for water commissions (molded ideas received in training).
- Reorganized/restructured commissions.
- Shared information thru newspaper & reports, asked for discussion. but got none.
- Associations developed. water user rights "being considered". reorganized water structure and water distribution structure.

- The "how to" apply the information to your particular job is getting more important and this is having more of an impact because the training is more practical and hands-on. " I get to see how the material has direct relevance to my job."

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Using and applying databases experienced in a training and relying on them for information is a big step; they must be tested and understood by more than the person(s) who had the training.
- Sharing with colleagues and putting model information into practice
- At a training if information is not needed the participant shuts down and does not listen.
- Real practical applications were not given.
- Successfully hitting all levels of an audience in a modeling training is difficult.
- Applying models is challenged by (a) lack of information, (b) not enough of a knowledge base among people at the oblast level (c) incomplete trainings, with little or irregular follow-on.
- Should provide a forum where opinions can be expressed and a cooperative spirit encouraged.
- Reforms often mean changing/lessening the power and decision-making authority of local officials, this is also attached to purse strings so implementing changes requires policy shifts.
- Changes will happen with time, but not without protests and problems – most problems associated with sector reform are political.
- No expectations because notified 2 days before (organization notified thru Ministry of place available 2 days before).
- Expected to reap new ideas and thoughts.
- Had many questions and all were answered.
- Language/translation challenges – all materials in English couldn't use when returned, had a few translated, but not really a budget for that.
- Developed training plan, then proper topics, select specialists from those topical areas (1) done by area of interest, (2) appropriate training information, (3) get needed information, (4) information appropriate to level of participants (assess knowledge level).
- Expectations almost all met, just not methodological approach. "Treated us too much like students."
- Didn't get all skills he needed to do his work, now cannot work out his plans (some not interested in training, some not appropriate for training, wasted time on them).
- Too intensive, trying to do too much in too little time.
- Did not meet her expectations very well. Too many things were assumed, even though their system was different; examples were not very relevant.
- Every training is different and individual—therefore to be effective the training should be carefully tailored.

C.2 Recruitment/Selection
- TAC/G recommended to Ministry of Finance that they work together on a modeling project.
- Ministry of Finance selected the candidates based on availability and experience.
- Basic familiarity with model methods and types was also a prerequisite.
- Participant should be interested in the topic.
- Participant should be able to share experience with others and be willing and prepared to do rigorous follow-up if necessary.
- Selection was made by the dean in the first instance; subsequent training opportunities have come as a result of the first and what she had to offer in the way of the "societal obligations" of business management and marketing.
- There was an application process and then prospective candidates chosen based on background criteria.
- Had skills and identified as key person to attend and make use of training, but training too simple/low for him and most in attendance.
- Feels selection was influenced by personal friendships, the selection could be spread more widely.
- Recommended and interviewed.
- Selected because involved in actual work; needs to use and apply training to work situation.
- Specialty and experience main criteria.

- Focus on special interests and/or specialists.
- Chosen for her responsibilities within the Ministry of Health and the fact that she was in a position where the information would be put to direct use.
- She is highly specialized and any trainings she participates in are also highly focused/specialized: this is effective in her case. Anyone attending theses trainings would need to have met strict qualification criteria

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- Need more modeling training (mathematical water regions and water use modeling).
- Can always find something new.
- Often, young people in the field do not have enough information.
- Refreshers and updates are always valuable.
- Seminar trainings need to be more specialized, and definitely not general.
- Trainers need to have very tailored topics when dealing with a highly specialized topic
- Large smorgasbord of trainings on a topic might be helpful.
- Comparison of the experience of other countries (in the region) would be helpful.
- Using statistics and data from the country would be more helpful and meaningful.
- Demonstrations are often examples in the abstract: often difficult to fathom the meanings and results.
- Having participants from 4 countries made the training more useful than if it had been just my country alone.
- There is a responsibility of business that clients come first and that needs to be a realization that business has an obligation (to society) to improve and protect the natural environment.
- Need to improve ways to inform/transmit information during trainings.
- Even small numbers of attendees can help spread important ideas (i.e., planting seeds).
- It is worthwhile to share previous training experiences with others in another training – the idea that each training is not held in a vacuum.
- There is often (too often) too much material that is crammed into a training period. Example was trying to put what should be three days of training into a two-day period.
- Good logistics and helpful staff are critical to the success of a training.
- Printed materials at the end of a training not only reinforces what went on, but also can be supplemental and provide valuable stimuli for follow-on trainings and ideas.
- Training alumni should be used to spread the word wherever/whenever possible and to help come up with ideas for future training.
- Having medical practitioners as well as managers in a training provides a wider and more balanced perspective.
- Theoretical (30%) and practical (70%) inputs in a training course are very important.
- Attention needs to be paid to information systems (in the medical profession): this is not a secret in the US, but here it is very new and different.
- Health reform needs a large budget for computer hardware and software.
- There are no magic bullets (or universal panacea).
- Should carefully examine all sides to a problem and seek solutions with the resources available.
- Health sector organizational structures are very different here where a doctor is the head, in comparison to US where a board of directors oversees the organization.
- Put training materials on internet after training so have constant access to information.
- Ensure professionalism of trainers.
- Trainer provider should check out things available from Russia as well, i.e. places more closely related to CAR.
- Combine participant needs and country needs.
- More trainings more often.
- Publish results of training – hardcopies, electronically, etc. – so available to trainees and others who didn't attend.
- Take into account "post SU baggage" not make too much of it, but not ignore it either.
- Every "good" training improves qualification of specialists in knowledge and skills
- Financing a training correctly is important

- Follow-on training building on previous training experiences is vital
- Reporting/monitoring to the employing organization is important to attendees.
- Trainings should be shared with others (Ministry requires a written report of the training).
- At a minimum, an oral report to co-workers and other staff, either in staff meetings or as a separate special session, on the training attended is also positive and allows for a further exchange of ideas, opinions and impressions.
- For highly specialized training, trainers need to keep the information very targeted.
- In some cases trainees need to be more specialized (i.e., have better qualifications).
- Presentations should be practical, concise and targeted.
- Copies of the proceedings and/or of the material being presented are very appreciated.
- To be successful a training should communicate the objectives clearly, be targeted with concrete information to be shared, and have good organization and supportive logistics.
- Small groups work better.

D. 2 Success Stories

1. *N.B. Eval Team*: Have agreed to showcase Gulnaza Isabekova, Health Finance Component Coordinator, as a PTP success story.

2. PARTICIPANT ORGANIZATIONS' INTERVIEWS

Country Name: Kyrgyz Republic
Research Audience: PTP Alumni Participants' Organizations
Method: Group Interviews/Interviews
 # Conducted: 4

A. TRAINING GENERAL

A. 1 Definition of Training
- Study, information exchange
- Ability to view different perspectives and allow a comparison with one's own experiences and/or situation
- Various types of training, with international exposure seen as one of the important ones as it allows us to bring in international procedures and standards which are usually different from our own.
- Trainings that we conduct in Kyrgyzstan are also important.
- We also train trainers.
- Staff meetings are also venues for sharing the training experiences that our staff gains and these, too, are "trainings."
- Exchange of opinions, quality improvements.

A. 2 Trends in Training or Training Types
- Provided significant inputs to health care reforms.
- More technical now, more specialized.

B. TRAINING IMPACT

B.1 Use/Application
- After any training, specialists need to carefully discuss the information brought back within workshops, lectures and seminars.
- Pilot trainings are also used to integrate new information.
- Application of new changes often doesn't happen until after the end of the fiscal year in which the new information was brought in.
- Any training is beneficial to the organization and individual – helps to broaden horizons and see how things are done.
- Helps to develop own programs.
- Particular employee training NOT very helpful – technical computer programs trained on old equipment, not used in the country.
- Training helps us be more organized and professional in our work
- No formal process of dissemination of information from trainings – if the person who attended the training has a personal interest, s/he will search out information otherwise not.
- Training helps us solve problems – learn, discuss, find solutions, encourages "mutual opportunities."
- Organizations not being heard, can be heard.

B.2 Changes Made/Implemented
- In our statistical division establishing new statistics, or norms used in practice, integration is usually time consuming and only by additional (in-house) training does their use become part of the daily operating procedure. (For example, on the basis of new knowledge/norms, definition of a high-risk pregnancy was changed from a 28-week term to a 22-week term.)
- Has helped to bring in international standards and attention to norms.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Trying to implement something new gained by a colleague through training is often a challenge.
- The skills and experience can't usually be <u>adopted</u> right away, but must often first be <u>adapted</u> to individual situations.
- Putting things into practice takes time, and this period (of time) is often indefinite, it varies.
- After a training, getting the follow-up surveys completed and the follow-thru action plans implemented is often a problem.

C.2 Recruitment/Selection
- Ministry of Health usually makes the selection of individual; selection is based on specializations and whether the person is capable of making decisions after the training.
- Training only beneficial if offered to the "right" people , i.e. field specialists, young AND mature, team members who know what is needed and how to use it.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- How the information gets transmitted is important.
- Use of overheads, videos and other visuals makes an impact.
- Often outside specialists do a better job of training than do local specialists.
- For a training to be successful, materials must be available at and after the training. Seeing and doing reinforces the information and the trainers have to be effective at delivering the messages/information.
- Conferences/meetings with international donors are usually helpful in furthering the health care reform process.
- Increase number of training and number of participants allowed
- Before there were many more trainings (under former SU), now there are fewer. Increase the number and have them more regularly.
- Follow-up essential to make additional use, build on what was learned in the training.
- Make training practical NOT just knowledge or theory.
- Increase opportunities through increased communication.

D. 2 Success Stories
None were requested during organizational interviews

3. PARTICIPANT FGDs

Country Name: Kyrgyz Republic
Research Audience: PTP Alumni Participants
Method: Focus Group Discussion
 # Conducted: 1

A. TRAINING GENERAL

A. 1 Definition of Training
- Provide a good opportunity for comparing experiences.

A. 2 Trends in Training or Training Types
- Trainings are getting more tailored.

B. TRAINING IMPACT

B.1 Use/Application
- Training becomes more useful and beneficial if it is followed by practice.
- There seems to have been an evolution of training in KG: first, trainings provided interesting information, but it was too general and the participants didn't know what to with it. Then (second), local people began finding that the information could be useful and now (thirdly) there is a desire more information and wider networks after an initial training.
- Participants are getting an appreciation of differences between the commercial and public sectors and that there are different and unique ways to apply information from a training in their job.
- The quality of the trainers makes a BIG difference in how the information is absorbed and used.
- The participant gained a whole new perspective on another aspect of society.
- Roundtables are very useful forums for talking about problems and they can also provide follow-up forums for helping resolve problems together.
- Interactive training is useful, BUT examples need to be more developed – they are often too simple and not appropriate to the audience/local situation. E.g., they need to match the level of the participants.
- The information presented in a training needs to be up-to-date.
- Using electronic media, with samples from local situations can make the training more lively and appropriate – may also be able to apply this approach across other countries in the CAR.
- Having training outside the workplace is often much more effective – fewer distractions and a change in environment. "Having it at my organization I can never fully concentrate."

B.2 Changes Made/Implemented
- Have started a new business as a result of training received.
- Have applied training methodologies in my job situation.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- .Most of our expectations were met, questions answered.
- Didn't really have any expectations.

C.2 Recruitment/Selection
- People's experience, backgrounds, ages are important when making selections for a training.
- Current roles are very critical.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned

- It is important for training to have a good balance of theory and practice (practical application opportunities).
- Outside training venues of 2 to 3 days allow you to be more focused and greater learning can take place.
- I learned to be more tolerant of other people's ideas, to express opinions and to overcome my own fear about speaking in public.
- Some information may be professionally useful, but may not be organizationally useful.
- Western models are not always appropriate – use of resources is very important.
- Deciding on a methodology for a training that is appropriate and current is both difficult and important.
- Needs assessment prior to a training is important.
- Training needs to be flexible to respond to needs of audience.
- To have impact, holding the training at an appropriate time is important (as in a roundtable discussion).
- There needs to be an appreciation of different levels of knowledge in a training event.
- Follow-on and monitoring after a training is very important for its success and for the effectiveness and success of future trainings.
- Careful planning and solid logistical planning need to be created and maintained for an effective training environment.
- Need to be fully aware of who the trainers are; specialists of different backgrounds should not be mixed.
- Establish clear objectives from which the criteria for selection of the participants will follow.
- One person should be responsible for selecting participants.
- The trainers' professionalism, appropriateness and readiness is very important.
- There are good trainers and bad trainers.
- Young trainers are not often taken seriously.
- Trainers should be able to engage and be a part of the group and should make a conscious effort to give value to the participants.
- An appreciation of change and changes is important.
- For a regional program, an appreciation of different ideas is beneficial; so is receiving the ideas in stages, step-by-step.
- If the purpose is to share, make the training a regional event; if it is to learn a specialty, do it in the locale where it can be best learned/applied – often the workplace of the trainees, or at a nearby site so that the workplace can be used for a practicum.
- Immediate feedback in the form of handouts, proceedings, pictures, certificates and other materials are valuable./appreciated.

D. 2 SUCCESS STORIES

None asked for in FGD

4. TA CONTRACTORS

Country Name: Kyrgyz Republic
Research Audience: TA Contractors/Grantees (TAC/G)
Method: Group Interview/Interview
 # Conducted: 4

A. TRAINING GENERAL

A. 1 Definition of Training
- Mechanism to help determine and define what is important individually
- Helps to focus on general needs as well as informal needs assessment.
- A means of PR to the Ministry
- TAC/G provides continuous quality improvement of individual skills and overall service delivery.
- Defined very broadly and oriented exclusively toward professional development (rather than specific skills).
- Support to USAID's SO 1.3 and 3.1
- Training should be very practical, should use targeted material. For instance. use business development software in training business school professors/instructors.
- Large number of activities are lectures and seminars
- Skills, communication with partners
- Raise consciousness, direct transfer of knowledge
- Disseminate information
- Lectures, seminars, 3-day (interactive and professional), ongoing working meetings
- Transferring skills and knowledge in a particular area
- Training is structured education with fine-tuned. specific goal/objectives (very discreet)

A. 2   Trends in Training or Training Types
- There is movement from general training to much more targeted and technical subjects.
- Training should follow up and build on previous training.
- There is more of an effort to train for quality improvement in health service delivery; e.g.. there has been a shift to a primary level with the provision of quality health care.
- In the health sector there is more attention being given to social marketing and public relations.
- Training Centers have had mixed results depending on their caliber.
- TAC/Gs have worked with more and more sophisticated audiences with subject matter that is now tightly targeted.
- TAC/Gs have worked towards providing training that is a respected alternative to pre-existing education centers, where there is corruption and where students may pay for grades.
- There has been a greater emphasis on sustainability and a genuine effort to change thinking. For example. early on in the project cycle the TAC/G has developed a sustainability plan and has started to implement it within the first two years of a five year contract. This helps to insure buy-in by clients. USAID and the local partner and facilitates the transfer and "institutionalization" of activities carried out under the contract.
- There is movement from emphasis on academic style courses to courses with a standardized format and content that can be turned over to local trainees.
- We are moving toward a degree program in which faculty have incentives and sufficient pride to avoid corruption (e.g.. where students pay for grades).

B. TRAINING IMPACT

B.1 Use/Application
- AED training has helped TAC/Gs to reach a wider audience than would be possible with only the TAC/G's budget.
- AED training has contributed to a greater regional awareness and comparison of the skills and practices of others in the CAR, for example in the health sector.
- AED training has contributed towards pilot programs and new activities by participants and organizations.
- Training funds from GDT have allowed specialized training (e.g. for lab technicians) that heretofore were not possible. I.e., training funds have made possible greater outreach.
- Flexibility of AED is appreciated and often allows the TAC/Gs to "custom" fit trainings to a particular situation (e.g., malaria training in Kyrgyzstan).
- One-time events such as conferences are difficult to assess in terms of impact. In contrast, the business planning course has been a training event spread over a period of time in different locales and the impacts are seen everywhere. The training has a spread effect, and there are also changes in commercial/private practices.
- With AED funding and assistance, opportunities can be seized: hands-on training (such as participatory training or internships) provides almost immediate results
- AED funding has also been critical in helping to transfer specific or specialized skills and being able to use real life, local examples that help to make the theoretical aspects of a training real.
- Would like to see more short courses that are targeted, with practical application to really worthy audiences.
- Recognizing that participants were geographically dispersed, the TAC/G developed an approach that allowed the training to be decentralized and also created a situation where the AED funds could reach 6 times the number of participants (from 20 individuals to 120), with essentially the same budget.
- Returned participants helped introduce regulations that reduced restrictions on print media – (Reg. 20).

B.2 Changes Made/Implemented
- With FMTs and Centers (health sector), GTD funds have contributed substantially to improving methods of evaluation, especially with clinical skills training. The experiences with these AED-funded trainings has led to their integration into formal curricula that are now very popular with faculty and students and the ideas/discussions/techniques are expanding throughout the medical training system here. This is significant because how people are evaluated really affects how they learn and how they view themselves in their profession.
- AED's funding of a national roundtable discussion with parliamentarians is believed to have helped move the health reform process forward.
- Participants' ability to use AED's ICl is helping organize family practice and nurses associations in the health sector.
- AED training monies help TAC/Gs with on-going training, building on initial successes.
- Regular follow-up should assess training impact and satisfaction. Participants should be asked:
  (a) whether the participant actually developed his/her action plan following the training,
  (b) whether the participant is acting on the plan, and
  (c) what more can be done now to help the participant capitalize on the training.
- Another important form of follow-up is additional courses that build on the initial training. More activities of this kind are being introduced.
- Plans to share the follow-up to the training with immediate supervisors, development offices, AED and others are also equally important

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Wider accessibility (not defined) to AED training monies would be appreciated.
- AED funds only participants and simultaneous translators, and not trainers. This often limits the scope for TAC/G training activities (for locally conducted programs).

- Participants do not understand how to tap into AED ICI funds for grant materials. It is not clear when and how participants can use these funds.
- Greater flexibility after the training is finalized would be useful; fungible funding or the use of a contingency fund for unexpected items would be useful.
- Although M&E is built in, it is not enough for more valuable, longer-term follow-up.
- The possibility of cost-sharing opportunities with TAC/Gs in M&E efforts and with follow-on activities should be investigated.
- AED's follow-on specialists (AED staff) could actively seek out inputs from TAC/Gs when planning/conducting M&E and follow-on activities.
- Extra training materials for participants to take with them at the end of the training (printed materials) would be appreciated; there doesn't seem to be funding for this other than ICI grants, and TAC Gs are unsure how to obtain this kind of funding.
- AED requires that participants prepare a follow-on (action) plan as part of the training; might these action plans be shared with the TAC/Gs who implement the training?
- Intransigence of USAID sometimes is a problem. E.g., a training had prior approval and the slow communication process and turn-over in personnel prevented the actual use of funds. In the end, the budget was cut and this also impacted on matching monies that could be made available from AED for the particular training
- The START transition has frustrated the use of training monies. The TA contractor had been well into its training year and use of AED funds was delayed as changes to the budgeting process were implemented and adjusted to.
- Co-selection of training goals is often frustrating as the TAC/G may feel that they have a good grasp on the objectives of a training activity and they do not like being "second-guessed" by AED.
- The new TARF implementation process delayed the implementation of previously planned trainings.
- AED office has been helpful in explaining the process used for TAC/Gs to access AED funds.
- The time that it takes to process a request is unknown – having an idea of this timeframe would be helpful. The TA Contractor would also like to be more proactive in assisting with this process and knowing when and how to facilitate the process might be worthwhile/beneficial for both parties.
- With the new process becoming more understood, the TARF is logical, automatic and easy.
- TARF timeframe is too long.
- TAC/Gs need flexibility to fit AED supported training into their work plan and training plan.
- Overlap in topics should be avoided.
- TA shouldn't have to feel it must "prove" ideas just to get financial resources – "work together, all partners trying to achieve the same thing... AED should not feel like they are our bosses..."
- Not clear what AED wants, not clear what's in (the budget/plan) and what's out (unacceptable).
- AED management has forgotten it is "providing a service", TAC/Gs do not want to feel like they are being second-guessed by AED.
- "Process impedes progress." AED's TARFs get in the way of TAC/G training.
- AED is not flexible over unpredictable changes, e.g. date changes, etc., that are related to what was established in the USAID training plan.
- Feels AED is actively stopping proposals they don't like –acting as second-line advisor to USAID (LC note, this implies divisiveness???)
- Process is still "murky."
- Implementing partners want logistical help, don't want to "hold AED's hands" (as they felt they have had to do recently).
- "In spite of all of the challenges of working with AED, we need an AED to expedite training logistics."

C.2 Recruitment/Selection

- Found selection criteria established by AED to be too rigorous; TAC/G usually has good experience with their partners and more benefit of the doubt should be given to the TAC G, even though finding the "right people" is often difficult.
- The selection process is not tight, nor set in stone.
- More technical criteria in the selection process might facilitate the process: e.g., make the selection, or not selecting, potential training participants more clear-cut.
- Why is AED involved in selection, it is our training and we know our participants best.

- If TAC/Gs share specific selection criteria with AED, AED's involvement in the selection process shouldn't be necessary.
- TAC/Gs have high vested interest in making the program successful – AED doesn't need to tell them that.
- Contractors feel they are being second-guessed on their choices.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- AED training is significant in its assistance and ability to help fill training gaps.
- AED logistical assistance for training is very good.
- AED plays a significant funding role, but sometimes it is difficult to work effectively with them due to the fact that staff tend to be generalists rather than subject matter specialists.
- One (AED country) office cannot serve the whole country.
- When trainings are held at the level of the state universities the capital city phenomenon prevails and training in other regions suffers; e.g., activities need to be tailored to specific regions and cases, not everything happens in the same way, nor are all results similar to what transpires with a Bishkek training.
- More effective results occur when a cadre of trained trainers move out to other areas and train others.
- Stop being concerned with number of participants being trained and think about trainings imparting a "dose" of knowledge. A participant who attends a sequence of short term trainings designed to impart "doses" of knowledge may be more effective and efficient in the medium- and long-term. (Ex. AED has funded four "case study courses"; the results are very positive.)
- When AED funds overseas trips, it can benefit from knowledge of the TAC/Gs in picking the "right" people. AED should make more use of local trainers in developing participant selection criteria on special topics for US-based trainings
- TAC/Gs would have better working relationships with AED if AED would appoint one point person for each organization and if AED would clearly explain (in writing) how the process works, because there is lots of staff turnover.
- Encourage regional approach.
- Ensure cadre of trainers. Develop regional OD/sustainability training capability/capacity (cadre).
- Develop guidance on what funds may be available, so that if there are no AED financial resources the TAC/Gs know where else to go. I.e., provide a database on financial resources, both AED's and other possibilities.
- It is not always the TAC/G's responsibility to be sure people are trained as trainers. If objective is to *increase participants' ability to train others*, AED could provide TOT type training.
- It would add value if AED would provide better teaching methods for trainers.
- AED could be more open about costs and budget. If TAC/Gs have a better idea of priorities, they can make better program decisions. E.g., if HIV programs have been designated as a priority and extra funding is needed for a training program, EF or DM could choose not to submit a request for some training programs so that those resources could be used on the HIV training. REVISED
- AED should develop a really useful evaluation form for use by all TA contractors. REVISED
- AED should take a "partnership" approach rather than an 'audit' approach, and should do things together with the TAC/G.
- The best program has *good logistics, right content, good aims, right participants, good preparation, good partners*.
- AED should develop very clear expectations with counterparts, give very explicit instructions to TAC/G partners.
- Encourage/clarify responsibilities of participants – attendance, start times, etc. "things that foreigners take for granted are not necessarily part of the mentality here…"

D. 2 Success Stories
1. AED training resources have contributed significantly to national policy dialogue and change in the Kyrgyz Republic. Leveraging other resources for joint funding AED implemented a roundtable discussion among health professionals and parliamentarians to discuss issues that the latter group had about the health reform process in Kyrgyzstan. It proved to be a very valuable discussion of a host of issues and considerably raised the national level of awareness. It helped to lay a very solid foundation for other meetings and

discussions. including others conducted in a roundtable format for the Ministry of Health. various offices of the president, etc. that helped move health reform forward in the republic. The use of AED's training resources at a critical juncture helped mold and provide critical support for national policy. It also established a precedent for continuing dialog on the subject. AED's roundtable format has since been used successfully in other sectors (both with and without AED training funds) for debate and discussion among decision-makers on a variety of subjects in national and oblast venues.

2. The use of AED funds for a decentralized business development course had significant impact. The selection criteria surrounding degree requirements were relaxed. but the participants were all business economics professors in junior faculty positions. The majority were women (in these junior positions). Selected participants were sent a pre-training program in EXCEL and asked to become familiar with it and to do the exercises contained in the documentation. The training program went exceedingly well surpassing trainer and trainee expectations. In almost every instance the methodologies and materials presented in the course were adapted by the faculty participants in their courses. The training helped them to adapt to their particular (local) situation and to see in practice what results could be achieved.

TAJIKISTAN FINDINGS

1. PARTICIPANT INTERVIEWS

Country Name: Tajikistan
Research Audience: PTP Alumni Participants
Method: Phone Interview
 # Conducted: 5

A. TRAINING GENERAL

A. 1 Definition of Training
- For me training means new knowledge and experience exchange.
- New knowledge, new skills, provided by qualified professionals
- Training for me is new information.
- New methodology, research, a broadening of knowledge, imparting/learning new skills, BUT what is more important is life communication.
- Training is new information; it is communication with people of one profession sharing experiences and new technologies.

A. 2 Trends in Training or Training Types
- There are no nurses trainers in our medical institutes, but they use physicians for theoretical training and other nurses for practical training. At least 2/3 of training is in practical skills.
- In general I see some improvements.
- The attitude of the organizations that provide us with training has changed: initially they viewed us as an African country and now they understand the level of our education is much higher.

B. TRAINING IMPACT

B.1 Use/Application
- I went through a one-month TOT training in Washington DC at the Center of Family Medicine (JHPIEGO -Johns Hopkins, Baltimore) and also 2 cycles in women's health and one month of adult health training where I was surprised by the approaches that used interactive methods and role playing. All trainers in our center have been through this nurses training and they accept things with more excitement, feel more relaxed and confident in their jobs and have more self esteem.
- We use the USAID model and work with it with no problems. It is so good it doesn't need any adjustments.
- We expect to see better results and in a couple of years will also have additional ideas to help make curriculum changes.
- We teach oblast nurses who then train actual practicing nurses and this program really works well.
- The mentality of officials has greatly changed due to these trainings.
- Now there are interested people in all government agencies; even though they are very corrupt, at least they are more cooperative now.
- I brought many good materials on elections back with me from New York that have proven to be very helpful. We used these to put on a big program entitled "Women's Leadership. The results: 2 women are now in parliament and 4 are in local rayon administrations.
- We have published a manual that is used in three universities.
- I have been through ToT in Moscow and in the Ukraine.
- As head of a legal (juridical) consortium I have been to the US and even lectured at a university in Minnesota on human rights and conflict of laws (conflict resolution).
- Used my training experience in more than 100 3-day seminars and 300 1-day seminars.
- Trainings that I participated with were in the US, Egypt and Uzbekistan – they were more like observation tours and not much information to learn.

- I am excited about "computerizing programs."
- I have 25 years of experience; all the things taught in the trainings were not new to me. It may have been good information for recent graduates, but not for the old folks, meaning experienced professionals like me.
- I do practical trainings on-site for our (hydromet) personnel – they are usually positive about my recommendations.
- We helped restore six (hydromet) stations with the help of USAID; now we plan to do the rest.
- The university staff is very positive about using the information from my conflict resolution training, the methods of training and also find the handouts useful.
- We produced 8 books, 20 brochures and 15 collections (of articles) together with local NGOs.
- My training experiences in the US and Israel helped me to find a new job in the field of small and medium-sized enterprises.
- Worked together with Eurasia Fund to develop trainings in small and medium enterprise capacity building.
- Provide consulting services related to business planning, marketing and research.
- Know of another participant in the same training who went to the US and opened his own business there marketing Tajik souvenirs.
- Shared my experiences and knowledge with others in several meetings.

B.2 Changes Made/Implemented

- AIHA helps a lot, even though they are not physically present here. They helped us get connected to the Internet this year, they equipped our office and assist us with putting together grant proposals.
- I do part-time teaching in the university and before my training I taught using old conservative methods. Now I use the methods I learned in the training and am astonished by the new ways of providing information. Since that first training I have participated in additional trainings, including an AED study tour and international conferences.
- Now I use case studies in my training practice.
- I feel that the training really helped me to find myself. I became more confident, more communicative, more successful.
- I work in the field of PR, advertising and management, so it is the best field to use the new skills that I have acquired.
- Different organizations invite us to do training; we have a very good reputation now in the national market. We have used the training to teach our own personnel and now teach others as well.
- We did role playing with 40-50 participants in our (local) Women's Leadership training and they turned out to be very effective; people got really excited about the process.
- Our goal is to train more women and to help them get into government
- Following my training I established a conflict resolution department in the local university and developed a curriculum; since that time 16 NGOs have been established in this field and we now share in this experience and the materials that we develop/use.
- Together (for 2 years) we have been organizing the Round Tables under the slogan: "Tajikistan – Way to Free Elections". We have already organized 60 RT discussions.
- I organized and registered the Social Democratic Party and am now in politics to better serve my country.
- Developed a short-term educational program using new methods learned in the training.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges

- I was fully satisfied with my trip. It is good when you can actually see the training in use in foreign countries.
- It was difficult to overcome myself, to be active and to participate fully, but I managed it and now I am not just a nurse, I'm a Director and have more responsibilities and challenges. I have to make policy decisions and I'm happy the way my life changed.
- The trip was very successful, it gave me more than I expected: new contacts, new feelings, everybody was very cooperative and helpful.
- We returned from our (regional) training and taught our staff to use the computer based on the information that we received.

- The study tour to Israel was satisfying but they could have dispensed with some of the course topics like the History of Israel or Business Ethics – these are topics one can learn about on his/her own.
- I would like more practical training activities; visiting some enterprises is useful but bringing some of the businessmen who actually do (run?) the business into the class would be more practical/useful.
- Using videos might be useful in some instances.

C.2 Recruitment/Selection

- For training of trainers (TOT) we are very careful about the selection of candidates because these are the candidates that will teach others. We use a Japanese method called JHPIEGO.
- We recently won a (competitive) grant and implemented a training of nurses in the Leninisky Rayon that was very successful.
- I went through 3 testing tours before I was selected to participate in the training.
- I am the director of a NGO, so people usually call and invite me, but I went to Sweden through a competitive process.
- I think that AED has the closed (sic) method of selecting candidates – they usually invite government people. (I understand this practice has helped a lot to change their attitude, but it still would be more useful, I think, to invite different people. At least 30% of participants should be from the independent organizations. I am sure that this would influence the efficiency of any training program.)
- We were invited to attend trainings in Tashkent.
- I was proposed to participate in a study tour and went through a personal interview with USAID.
- When selecting participants, one should consider the level of knowledge.
- Learned of the training course from an announcement while I was in Almaty and assisted with organizing some local business courses for USAID; I requested to be in the Israel tour and formally applied through a selection process.
- I think that the selection process is very closed; it should be done through the mass media to allow more people to participate and not to send only officials.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned

- It is good when professionals teach professionals.
- Our wish is to repeat the women's leadership election training. (It would be useful since we have elections soon.)
- When conducting training, or using some new approaches it is important to take into consideration the opinion of nurses and not to impose it from just the physician's perspective.
- I really wish that USAID would do more trainings in the CAR. It is good to share the experience and to see the results in other CIS countries.
- When foreigners bring new technologies we have to be selective, choose those that suit us and be ready to adapt them for the local circumstances
- We need to emphasize more the role of women in government.
- Now I understand how important it is to be active.
- Trainings of 3 to 7 days are not efficient in terms of learning, but they may be good for sharing experiences.
- Americans seem to switch (training/trainer) personnel often; newcomers start all over in the beginning again with each training course. I think you should be more careful about hiring those specialists and have them be more focused to help them complete projects already started.
- You should really think about keeping the same personnel during the implementation of the project.
- With training one gets new contacts, new information. It is essential to spread out the acquired knowledge, otherwise there is no point of trainings.
- Having participants of varying levels in the same training often proves difficult: ones with more advanced knowledge are often bored and those poorly prepared have a difficult time.
- Informing the participants beforehand about the topics to be covered and the goals of the training could be very useful. (This allows them to better prepare themselves.)
- Verifying participant candidates' level of background beforehand through an interview before sending them somewhere can help the training be more cost effective.

- • Trainers need to be more prepared about the CAR; they should become familiar with local peculiarities. customs, level of education, etc. best to have them visit the country first before they train. whether the training is in the region, or outside of the CAR.

D. 2 Success Stories

None identified through these phone interviews.

2. TA CONTRACTORS

Country Name: Tajikistan
Research Audience: TA Contractors/Grantees
Method: Phone Interview
 # Conducted: 2

A. TRAINING GENERAL

A. 1 Definition of Training
None provided

A. 2 Trends in Training or Training Types
- Moving into rural areas, need to count on help from past participants.
- Roundtables, seminars, conferences, study tours.
- Phased TOT approach – first US/TC for training skills and knowledge "we go to them", second Regional (Almaty) for more skills and knowledge "we bring expert trainers to us", then third phase IC – monthly training program country-wide (takes 1 year to get to phase three), then continue contact and work on skills.
- Program has grown in scope and budget.

B. TRAINING IMPACT

B.1 Use/Application
- Political parties can now come together and talk.
- There is now tolerance and mutual understanding where hatred once existed.
- There were 3 study tours to third countries to learn about other systems, experiences, and conduct site visits. Study tours were Political Party & Leadership, Women in Politics, Civic Education for Secondary Education Teachers.
- Participants learned interactive methods.
- IC training was going on after the trainers trained.
- Judicial and lawyer training programs – participants are implementing what they learned.
- It seems that the quality of laws is "better" now.
- Appeal rates are dropping in the oblasts, and this indicates that decisions are being rendered more competently.
- Out of 22 trained, 15 are competent trainers working and training others.

B.2 Changes Made/Implemented
- Participants shared experience with target groups, developed political party, wrote articles for newspaper, especially related to freedom of speech, shared with NGOs "role in development and democracy."
- Follow on included helping conduct training – we learned how to determine issues and problems, used and learned new methods, e.g. brainstorming.
- Two political party candidates from 2 different parties opened Civil Society Center NGO to work directly with people.
- Judicial ethics codes are going to the government soon. Judicial exams have been instituted.
- Have written joint stock company law which is pending.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- AED is valuable because we are so stretched that it would be difficult to put trainings together without them.
- The relationship between TAC/Gs and AED is pretty good, we stay out of the process as much as possible as we don't have time or staff for logistics.
- "Now seems less paperwork...." AED is taking more responsibility for this
- TARF only serious paperwork, AED reviews our documents only and this saves them a lot of time.

C.2 Recruitment/Selection
- Process for study tour participant selection – discussions and roundtables then invited participants to attend (knew them, felt they were not only active, but would remain active after study tour).
- Participant commitment to work is essential but sometimes difficult to assess.
- We use interviews to try and weed out the non-committed.
- TAC/Gs pick suitable people for training program. Try to get "best" people who will have long-term impact. Balance is necessary. Best people on paper might not help get program going.
- We understand that AED has its own requirements.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- Have experts come to us – invite experts to Tajikistan.
- Target university students for short-courses (3-4 weeks) abroad.
- AED is invaluable especially for small programs with minimal staff.

D. 2 Success Stories
- Joint Stock Company Law – we had a one week trip to Germany to review the provisions of the German law, learn about the subject and start work on law for Tajikistan. This law is essential as it is the basis for companies investing in Tajikistan. The law has been written since the trip and participant feels law will pass in Summer 2003. Participants were high-level with technical background, who could write law AND get legislation passed. Informant feels the group got more work done in 1 week then could have done in 3 months in Tajikistan.

TURKMENISTAN FINDINGS

1. PARTICIPANT INTERVIEWS

Country Name: Turkmenistan
Research Audience: PTP Alumni Participants
Method: Phone Interview
 # Conducted: 4

A. TRAINING GENERAL

A. 1 Definition of Training
- Special way of acquiring some specific knowledge or skills in a short period of time
- When more experienced professionals share their knowledge with others from the same field
- Improving skills in a certain field
- Going to another country or inviting foreign specialists for scientific and pedagogical experience exchange

A. 2 Trends in Training or Training Types
- Less trainings than a couple of years ago
- Development of new curriculums and educational sector reforms

B. TRAINING IMPACT

B.1 Use/Application
- Developed some curriculum for schoolchildren and conducted some field seminars in the rural and smaller cities
- During training, we actually practiced our skills. Though we won no prize, we were very motivated.
- Good for general knowledge, to see how it works in another country.
- American specialists were not competent enough, they had a general understanding, but not the specifics.
- It wasn't really about the skills or fundamental knowledge – more informative character.
- Good handouts and visual materials, easy to use and remember and to later share with others.
- Now have specific "markers" for diagnosing hepatitis B, makes it very easy, couldn't diagnose before training.
- Shared information with all colleagues and explained to them what I had learned
- New field for TK now preparing specialists in world experiences and new technologies
- Learned new ways to educate and compare, understand values of different systems
- Learned other methods and approaches

B.2 Changes Made/Implemented
- Felt very comfortable and confident in making speeches, presenting information (all skills learned during training).
- Watching teams from other countries helped me improve my skills.
- It was a good experience and because several people from my program took part, we made good contacts.
- Changed our approach to diagnosis, made it easier and more accurate, better for us, better for our patients.
- Informed my colleagues, but would like to inform the population about the dangers
- Diagnosis new and good, others now using it as well
- Held a seminar for all interested to share opinions and experiences
- Brought back and shared all materials gathered at workshop which are now available in our library
- Formed a student society group after training, which at the time was the only one in the CAR (now one in Almaty and our students have traveled t here to share ideas).
- Regional collaboration is a new sign

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Over-satisfied!
- Would have like to have had our teacher/coach with us, in competitions like this, we could have used the presence of an adult.
- Very unexpected, so had no expectations, just have if someone had time and wanted to participate
- Only 2-3 days and too much information – should have been longer
- Expectations were met as the goal of training was achieved – our practice is the proof
- Satisfied with my training, very informative
- If purpose is clear and goal is specific and participants can solve the assigned tasks, the workshop is successful

C.2 Recruitment/Selection
- Should select specialists in one field, so that they can easily understand the training and each other
- Appoint to go, but all of the participants seemed to be the right choice
- Understand level of knowledge and level of needs in selecting participants
- Use application so that selection is clear and needs are met

D. TRAINING DIRECTIONS

D. 1 Lessons Learned/Recommendations
- Have trainings and competitions of this sort in CAR/region, so can share experiences. "we have related history, languages, ...we need to cooperate more in the field of education and experience exchange..."
- Better prepared trainers – general is not enough, need specifics
- Consider educational level of the local professionals and participants
- It is important to be more specific with the topic and with the selection of trainers
- "Study the participants before trying to train them..."
- Inform the population through media campaigns of dangers of health issues. talk to health authorities to help us
- Would like to see more trainings and more participants with different profiles
- Good to do training in Russian, especially if materials, etc. are usually in Russian. forces/encourages to use our Russian and allows us to be able to understand the field, the terminology
- More training and information for the population. will make our jobs easier
- Hold seminars for when people get stuck in their work and need to discuss with others to move forward or solve problems
- Hold conferences to inform colleagues about each other's achievements and challenges
- Encourage more communication among specialists and develop ways to easily inform on changes in the field

D. 2 Success Stories
No stories were cited, though health professional is possible success story on thinking of future directions and needs based on the experiences gained in the training. also she uses her skills regularly and trained others as well

2. TA CONTRACTORS

Country Name: Turkmenistan
Research Audience: TAC/Grantees
Method: Interview
 # Conducted: 3

A. TRAINING GENERAL

A. 1 Definition of Training
- In our project it is oriented to professors of higher education and uses workshops and seminars for its training venues. The objective is to help improve the level of teaching.

A. 2 Trends in Training or Training Types
- Companion grants are given out to improve the technological foundation of the professors. These are used to finance training abroad, fund research and provide scholarships up to the MA level.
- The idea is to help professors change the way they teach, e.g., through interactive methodologies.
- The trend is from lecturing to interactive techniques, involving students more and using slides and materials supplied by EdNet.
- Case study approach. In 2001 we conducted case study teaching jointly with AED.
- In Turkmenistan, only a small candle is still burning from this water/environment project. There have been only 12 people trained in the last 6 months.
- We use a TOT approach, but, must be very careful with TOT. We use it for areas in which the skills are available locally or can be trained both as to technical area and training skills. Perhaps for 2-3 day sessions.

B. TRAINING IMPACT

B.1 Use/Application
- Before, not many knew what a case was, now they know how to do cases. The best cases are based on Turkmen company's actual experience. This is critical for practicality. These cases use Turkmen laws, rules, etc. Not Harvard cases, which have much less meaning here. After this training, the professors were inspired. We had follow-on contest for the best case studies.
- Using program trained professors to train others. Multiplier effect through TOT (see success story below).

B.2 Changes Made/Implemented
- The professors they train are actively using new interactive teaching techniques in the classroom. Evidence? We have observed them in action at different institutions and are very satisfied.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- Have a very positive feeling about the way that AED performs. No problem working with AED. They pay attention to all the details. They keep track of changes and remain flexible. They tailor programs to the needs of the clients.
- Follow-up does not always come right on the heels of training. But, AED always feels a sense of responsibility. Might follow-up as late as six months after the training and always gives report to Ed Net.
- Shorten the time of approving training requests. AED takes 3 months for one training event, which is not always suitable. Six to eight weeks are much preferable. Where is the problem? Almaty could review proposals quicker. Then we could accelerate the process.
- We're not involved in budgeting. This is a closed AED process. We don't care unless it's a cost-sharing situation. But we wish they would take our suggestions for finding ways to reduce specific budgets.

- Getting permission for the professors to attend. Not always MOE 's fault. These professors have a teaching load of 1200 hours per year. Difficult to find a window when all of them can attend.
- Eighty percent of the trained professors they train are actively using new interactive and critical thinking teaching techniques in the classroom. Evidence? We have observed them in action at different institutions and are very satisfied.
- AED has a really good staff in Turkmenistan and we work well with them. Our programs are Integrated Management of Childhood Illness (IMCI). and health promotion activities. Both programs are accepted by the government.
- AED move into results area in health could conflict with our own needs to demonstrate results. Who claims results for a training activity, TAC/G or AED?

C.2 Recruitment/Selection
- They (AED) have the best approach for selecting participants. The process is long. fair and transparent. We provide a list of applicants. They call and interview and may set up a selection committee formed with Ed Net. We score according to joint AED and Ed Net criteria.
- AED entrance into results and participant selection field could cause some tensions in health field. Competition for slots could undermine our sense of who should get the training.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned
- Follow on activities is the area of greatest sensitivity. We feel that ICI should be expanded. Many professors are interested in doing local training. But, this is not always in line with AED. ICI is limited and Ed Net doesn't have the resources. So, there is an unfulfilled need.
- Put more resources into local training and ICI. For example, 2 years ago, we wanted to set up an annual training program for rural areas. We had a group of Askhabad professors willing to do Finance and Marketing teaching for rural area professors. This was not approved because AED wanted US and Russian professors. Ed Net would do more for less. But, we had no funds approved for local development.
- USAID should go to the former premier institutes like we have done in Uzbekistan. and build them back up and come up with sustainability plans for them.
- Without AED many projects would not have the fixed costs to conduct training programs.

D. 2 Success Stories
1. Multiplier effect in professorial training. We did a four stage program on critical thinking that included four training sessions, one each at six-week intervals. This was under a fee for service contract with AED. AED handled all the logistics. We got the trainers from the Open Society Institute. Two trainers trained 25 professors. This was completed December 10, 2002. All four of these sessions involved the same 25 professors.

   They all received second level certificates. The multiplier effect comes in through this -- of the 25 professors, 4 of the best were hired to spread the training further. We are planning to use these 4 to train 100 more. This new program will start in June.

2. Case study teaching program. In Sept 2001 we held training on case study teaching. 17 professors attended. 2 won a contest on case studies and their cases were posted on the Ed Net wed site. The professors received awards from Ed Net. Many people visit their web site every day from the region. Server is www.career.kz.

D. 3 What are the emerging new areas of training and what areas have been essentially satisfied?
- More in-country training. especially for local development.
- More ICI for follow-up.

UZBEKISTAN FINDINGS

1. PARTICIPANT INTERVIEWS

Country Name: Uzbekistan
Research Audience: PTP Alumni Participants
Method: Interview
 # Conducted: 9

A. TRAINING GENERAL

A. 1 Definition of Training

A. 2 Trends in Training or Training Types

B. TRAINING IMPACT

B.1 Use/Application

- After the breakup of the Soviet Union we created this institute. After attending a training program I started this school (Samakand International Business School).
- We developed a curriculum based on my U.S. experience. We have an island of experience and expertise here.
- I delivered courses for bankers in Almaty, Atyrau, Kostenai...
- We developed a draft law related to the professional responsibilities of the field of Assessment. Currently the government has its own assessors. These assessors are utilized in the transfer of government properties, and as properties are transferred to the private market. This is a source of corruption. Private assessors should be involved as a check.
- We held training in Tashkent on Assessment.
- We formed an association. This association has a board of 15 persons, quarterly meetings. We voted on a plan of action and put it in front of the State Property Committee. We also took these ideas to the Parliament committees. We also took our ideas to the media, when many people knew about it, it got the President of the country.
- We can make a big impact, after all we were selected to go to the U.S.
- If I hadn't been in this training I wouldn't be able to do anything. The program I attended helped me in the development of my new business school.
- Our final report from our training program was published in book form and is utilized in our training center.
- I was very interested in the topics of my program, and immediately applied my knowledge at work.
- I observed advanced levels of water management, we don't have those resources here. But this gave me an appreciation for data and methods we will use in the future.
- Following the program I was able to implement a new system of monitoring and data collection here.
- Logical skills was one of the best results of the program. But we can't directly transfer a picture of your system to ours.
- I first started my program with French technicians, but I was not happy with this process, it was just one way communication.
- If I had not studied credit unions in the U.S. I would have never opened one here. In 2002 the law on credit unions was passed, we organized this initiative.
- We designed our own training modules, five different modules: domestic violence, gender equality, conflict resolution, leadership opportunities, economics for women. Thirty trainers in the country have requested and are utilizing our training manuals.

Evaluation of the Participant
Training Program in the CAR
G-68
April 30, 2003

- At our medical training institute I've initiated the use of interactive training methods. These have been accepted very well.
- I am using skills gained in team building, project development, and donor criteria for involvement in projects.
- I gained much knowledge, which has lead me in different directions. First, I started "family medical treatment" as a new methodology of attending to patients. Now we train doctors in two Oblasts.
- Training in the U.S. helped me advance ahead of other people. It is the independence of thinking and the courage to bring out issues that impressed me tremendously.
- I wrote to the Minister of Health and we began a program in: Emergency treatment for children and families.
- If people go to the U.S. for training, and if they do something after the training, then that is a benefit to the republic.
- I initiated the start of six medical NGO associations. It is difficult to introduce democratic change. These associations are now operating in a coalition.
- My ability to work with people and with teams helped establish my place in society. All of these skills together has helped me in my work.
- I brought with me from my training program the charter of a pharmacy association in the U.S. I studied this charter, and borrowed what fit four our conditions. We adapted applicable items for our own situation.
- I still use the training methods and internet connection to get more information and data.
- I carried out one training for my colleagues and I will do more.
- Our department is fully involved in international conference on property evaluation as a result of the training. We will publish the proceedings of this international conference. We would welcome USAID participation in this conference as attendees or presenters.
- If USAID provides funding, our faculty will participate gladly in training.
- The training skills I acquired help me attract new members or our medical association.
- The training put me in touch with other associations and NGOs, and I developed a citizen participation outreach program for breast cancer.
- The training program gave me the methodology to develop a grant for the provision of medical services to tourists.
- The training helped me learn how to make presentations, utilizing role-playing and interactive adult training methodologies.
- I utilized the knowledge I gained to establish the first AA group in Uzbekistan.
- I successfully applied for two grants.

B.2 Changes Made/Implemented

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- USAID materials were provided in Russian (assessment of businesses). It is very important to have materials that we can use, we could use materials in the Uzbek language. We need money for translation.
- When I returned to my job after training I could not find a means to communicate with my boss. So. I had to leave my position.
- We have a very expanded, bureaucratic administration in the government. All reports depict a nice picture, but the reality is much more difficult.
- There are issues of transparency. I don't know the level of funds in the Ministry of Health.
- Democratic institutions are developing slowly. Generally people don't know their rights.
- The U.S. supports our level, other countries (France, Germany, Japan) support government structures.
- There is a law on NGO development, but there are other laws that hamper NGO development.
- When I went on my training no one took my responsibilities, so I had to work twice as hard when I returned.

D. TRAINING DIRECTIONS

Micro energy production. American farmers have installed these, I would like to see possible applications in Uzbekistan.

Thank you for the opportunity to go to the U.S. If I had the opportunity to go again I will learn more. If you read a book once, you learn some points, but don't you learn more if you look at it again.

Follow-On
- At least the provider of the training must help its alumni conduct other trainings. Our people want to offer training programs "with their own face on it".
- Courses in business evaluation, property evaluation. We would like 8 day seminars in these topics.
- It would be good to extend training to the region. We should train both professionals and practitioners.
- I would like to see how technical institutes in the U.S. train their staff and students.
- Assessment is in high demand.
- Improvements: hold a number of seminars for professors, all business subjects are extremely important.
- We want to work together with USAID in cooperation to offer seminars with professors from the U.S., maybe from two or more institutes.
- We want cooperation not aid!
- Send trainers a week early to co-design programs. When they just come in it takes the people in the course 2 days to acclimate.
- Alumni advance through their hard work. We need to harness this desire to make improvements and changes.
- Don't tear down your current home until you have competed the new one. Top level officials should be trained as well. You need to train the top advisors of our decision makers, so that they may offer policy options.
- Information technology (IT)is very important in all spheres.
- Train in areas, directions, that government is going, don't train counter to these directions.
- Impact assessment has its own impact. There should be an impact assessment department in Uzbekistan (it could conduct research to help alumni of USAID programs).
- USAID should study quality and methods of training and trainers.
- The U.S. should strengthen training institutions and conduct more training programs.
- Additional faculty members should receive training in land use and management, real estate, ecological issues, and assessment of investment projects.
- We need new methods of medical treatment and new medical treatments (specialized medical treatments).
- The study of economic development, it is critical for our country at this time.
- Advocacy training.
- How to function as a member of a board of directors.

D. 1 Lessons Learned
- We could have utilized Technical Assistance first, then training, then help us in curriculum development so we can train our own people. That would be wonderful.
- You need to make training more effective. Maybe you need to establish an Institute of Practical Training, a professional training institute.
- The logistics of my program were uncomfortable and an embarrassment. We were taken care of from 8 to 5 and then we were left to boil in our own juices. Our after hour time was not planned at all. We were in Washington, DC and they didn't know what to show us, and we didn't know how to get around ourselves. Our driver was lost for hours the first day and we missed meetings.
- If the first module is team building, there should be a second module addressing the psychology of team building.
- For the project development training I attended, it would have been beneficial to have the contact information and criteria of possible donors for purposes of follow-up on return.
- Training should provide more advocacy skills.
- In working with NGOs, I learned that when I came back from my training, that real value can be obtained by combining efforts with other NGOs.

- • There is a problem of trainer selection. Motivation of the trainer needs to be a factor. I believe that there should be a hierarchy of trainers. The bottom level would be training, then senior trainer, then master trainer, then advisor.

2. PARTICIPANT FGDs

Country Name: Uzbekistan
Research Audience: PTP Alumni Participants
Method: Focus Group Discussion
 # Conducted: 5

A. TRAINING GENERAL

A. 1 Definition of Training

What does training mean to you?

- An education event.
- Group acquiring basic knowledge.
- Skills, attitude and knowledge changes.
- Knowledge of professional skills.
- Interactive message transfers skills.
- Curricula preparation focused on upgrading skills and management, as preparation for follow-on stages of training. After training, special action plans should be developed.
- Knowledge.
- Training has several meanings 1) gaining new knowledge, 2) exchange of information (because participants of training already know something and they want to add to their base of knowledge by working with their colleagues), 3) master instruments of delivering information and planning to conduct training for others, 4) it depends on the skill of the trainers, but we can learn new training methods.
- Exchange of good experience and information. During training people get closer together, they develop new friends, and in this way they can develop new ideas. If this happens, they can then develop their ideas/projects on a national scale. During trainings they meet and come to realize that they can realize real projects.
- Training is preparation for finding a new direction. For economists it has a great role, because we used to have only one economic theory. It is difficult to change mentalities, but we have to change the mentality of economists, so that they can teach new concepts. We don't understand many of the new books, but if we train first, we will understand what we study.
- Training is an exchange of good practices. It is education based on the analysis of past experiences, it is new things based on world accepted experiences (e.g. a new method of treating tuberculosis). It is a tested new method. It is an analysis of someone's one practices (you have to assess what you are bringing in to the training), it is good ideas.
- My job is to carry out training seminars, training is transfer of knowledge and skills to trainees.
- Training produces results, but training could be improved in medicine if it could be followed up with supplies and equipment addressed to the training.
- Quality of training depends on: participants, trainers, and methods. Effectiveness and impact depends on these factors.
- The skills of trainers are very important!!! We have maintained contacts with trainers from the U.S., Russia, and our own trainers.
- Effectiveness of training is based on the trainer and depends on personnel aspects and qualities as a trainer.
- What it means. Everyone understands training is an increase in knowledge and trained skills.
- Means free exchange of opinions and ideas through discussion in which everyone gets to participate. Group conclusions get close to the truth.
- The way to become aware of knowledge in different fields.

A. 2 TRENDS IN TRAINING OR TRAINING TYPES

None cited during FGD

B. TRAINING IMPACT

B.1 Use/Application

- I took part in many programs conducted by Americans. I worked with Counterpart Consortium. The way to measure the effectiveness of programs is to measure their impact on society. (I've received training. but I have done a lot of training). I began working in training in 1996. When the participants tried to implement what they learned they were told by their bosses "we don't need this market economics stuff." As time passed, in 1999 after the training course the participants were able to submit a draft law on property assessment.
- It will take me several months. may I say years, to implement what I learned. Also, I will conduct training for participants throughout the CAR.
- Democracy -- Theory is important, but practical communication is a key.
- Water -- Increased knowledge personally. Our organization used this in drafting decrees.
- Economics -- Had an internationally famous trainer, Hernando DeSoto. We published abstracts from his books in our journal and now our Center for Economic Research uses his research methods.
- Economics -- Found training in Israel very relevant and transferred knowledge gained to commodity producers and retail heads. Developed new learning materials for those who want to establish their own training. We continue contact with USAID and in cooperation with USAID, arranged about 40 training sessions to spread the word. Couldn't keep in touch with Israel because of politics.

Think of yourselves before USAID training then after. What had been the benefit of the training to you individually and to your organization?

- When I saw the emergency helicopter used by the Tucson Medical Center, I wanted one for our use in rural areas. This concept of delivering emergency medical attention quickly was adopted here after our training. In January 2000, a medical center with 360 beds and four ambulances was opened and this was linked with 18 smaller centers. In rural areas, they changed their paramedical clinics to physician manned centers. 213 such centers were opened. The World Bank has assisted with equipping these centers.
- Another useful US practice is budgeting on the basis of so much per capita. This has now been introduced here, including both prevention and cure areas. Also, we started a family practice concept here, such as we saw in the US. The WB funded training for 260 doctors in this field.
- We had courses and demonstrations on drug distribution in DC, W VA, IN and SC. We learned that there are drug wholesalers and an established system of distribution and wanted to start such a system here. We saw that private drug stores are disappearing and even grocery stores have pharmacies. Also, visited the American Pharmaceutical Association and decided that we needed such an association.
- On return tried the practice of wholesaling here, adopting a faster system of drug distribution and private payment for drugs by some patients. The key is to inventory drugs by computer so those inventories can be tracked. Also, we picked up the practice of issuing drugs sufficient to last to the end of the treatment period.
- Participated in training based on Israel and Brazilian practices in bio drainage -- underground drainage through strategic planting of deep root trees and wanted to implement this approach. After this training we set about implementing this approach. but the World Bank which was supposed to supply sufficient trees for our project, only gave us 10.000 seedlings. The rest was given to the project in Tashkent. We were not able to complete our project. but this special application did enlarge the irrigation area. *Note: There may be a misunderstanding here. We learned in another focus group in Tashkent, that this project has a propagation station. Maybe the trees will be propagated eventually. However, if so, our Fergana participant should have been in the information loop. If not, it raises a caution flag about collaboration with other donors where they are supposed to be the commodity follow-though for USAID training.*

Let's talk about skills and attitude changes:

- Our Director used the flight back from the US to review our US experience and talk about how we are going to apply this experience in Uzbekistan. Several important points came out of this:
  - US patients stay in hospital for far shorter periods than do ours. We keep patients far too long.
  - Clinics and hospitals are very well equipped. We must move in this direction.
  - It is time to think about medical insurance.
- Decided group (of co-workers and colleagues) training was the most beneficial. Their group also included statisticians, which helped with implementation. When one of them goes alone on training, they

Evaluation of the Participant
Training Program in the CAR
G-73
April 30, 2003

pull together a group of his/her colleagues on return to share and discuss the new concepts encountered. After training, they are now required to prepare a presentation to a larger group. This includes slides and videos. The audience is given a month to process the information then is asked for feedback.

Note: This approach to group processing is a good idea for most such groups. Also, in this case, four colleagues were trained together.

- Four years later many of these things have been implemented:
    - Through reduced hospital stays, the number of beds was reduced by 10,000 in the region.
    - They changed from expensive to more economical methods of treatment.
    - More budget was allocated to clinics.
    - Step by step, more is being transferred to clinics.

What are some of the benefits?
- Free thinking mentality. Now convinced we can use the good practices of other countries.
- Pharmaceutical computer applications. In the Soviet times shipments had to be ordered two years in advance. Here is the program we now plan to implement:
    - Patient buys a drug.
    - Transaction stored in computer.
    - After one month, analyze data to determine areas of greatest demand.
    - Based on this analysis, place orders.
- Liked the American Pharmacological workers. Just about to establish one here for the region. Already have a charter which now must be approved by the constituent assembly, consisting of government and private members. (See success story -- separate file.)

B.2 Changes Made/Implemented

B.2.1 What Changes Made
Question: How effective was the training to the work that you do?
- I gained much during this training, it helped me in my promotion in my career. I stared as a head of a department, and now I am the 3rd position in the Oblast. Training in Tashkent.
- Result of this training is that I opened four centers at once: Law information, psychological rehabilitation of women, crafts, and social services. Another center was started by a former staff member. I learned in the training how to develop a strategic plan, and means of developing a fund raising plan.
- In Bukhara we have 10 trainers who have trained many people.
- Many people went to training by USAID but the resources were not used profitably.
- During my program at the University of Connecticut I not only gained knowledge there, but brought information about my country to America as well. I gave many presentations to Americans on bringing up children.
- What I gained in my training? 1) self-reliance, 2) I chose an entirely new direction for Uzbekistan: introduced the concept of Family Medicine. This has allowed me to train family doctors. I use that knowledge I gained back in 1994 in my daily work.
- System Analysis – I learned about, this was never used in the Soviet health care system. This has helped me investigate many causation functions. I think that this new method has allowed me to be a leader for not just Bukhara, but for Uzbekistan as well. Ministry spread these methodologies all over clinics in Uzbekistan.
- Almaty training (participated twice). 2001 Macro Economics, 2002 Research Methodologies (7 weeks). From this training in 2001 I developed a Masters level program for Bukhara State University (7-10 initial Master's candidates), undergraduate students have also benefited (160-180 students).
- What I gained helped me very much. We were given a book allocation of one hundred dollars, I added another hundred of my own for books on macro-economics. All of these books are available to our students.
- Law -- Moot court event enhanced our oral argument skills. Moot court is not used here but now our University Rector wants me to introduce it, which I will do.
- Econ. -- Improving own methods of economic forecasting by running US method alongside Almaty method as a check. Will contact US trainers in US by internet to pose questions.
- Pharmacist -- Early in transition looked to foreign and US methods of distribution. Visited Association of Wholesalers in US and American Pharmaceutical association in the US, visited many banks and found the

US system of wholesaling of interest so became familiar with the program. Used much of what I learned back here. Established Association of Wholesale Sellers here but ran into unexpected difficulties like taxation problems.

- Health -- Made site visits to GP offices and practices in US. Interested in OSCE - Objective Structure Control Examination. Back here a 5 day 5 country training program was held so I distributed the OSCE methodology there. There is a coming event in Geneva on OSCE so our staff submitted a paper for consideration.
- Health -- Health Care Management -- Training in US helped us develop a project called HEALTH 1. This project emphasizes grass roots health care. The US training enabled comparison of the US and Soviet systems. We were envious of the amount of funds available for HC in the US. We were able to carry out a health care management program back here with the help of USAID experts sent here. Now we are expanding the project into HEALTH 2.

Question: What is the impact of USAID Training for you, and for your organization?

- Organization: we took different and new directions. We made contacts with colleagues in Kazakhstan. As we make our own pilot activities, we are able to call on our experiences for the benefit of future activities.
- The first impact is that I now have more work to do. Introducing new equipment and technologies means more work. But we have to work hard in this area.
- Now we train our colleagues in the CAR, this is good for us as well.
- Training for us became the main method of improving the skills of our organization.
- We were able to implement the long-term goals of our organization following training. We also offer our own TOTs.
- NGO management: I learned for the first time the use of a Board of Directors and their function for NGO management. After my training program I organized a Board for the NGO I am head of (and I assisted two other organizations organize Boards, which I am also active in). I then trained these new boards. Our law on NGOs does not include the aspect of Board of Directors.
- Negative: Negative aspects of programs organized by Counterpart Consortium International. frankly. they didn't give me anything. Why? I tell you what I ran into (other people have confirmed my experience and may have had worse). Starting from selecting of trainees to trainers, the whole process is done in a rush, leaving us with the opinion that they are doing it just to write a report. This many not be the fault of the staff, but may be in the design or the idea to conduct the program. In training for NGOs they are very different. Quality of NGO staff vary greatly. If the trainer has skills to work with the group – it may be O.K. But, often they don't have professional background, nor facilitation skills, and don't have educational backgrounds. In WDC we visited organizations that were qualified and respected their audiences.

B.2.2 Challenges And Opportunities

Question: Talk a little bit about the challenges you faced in implementing knowledge from your training

- I had some complications so to say. I had a good enough position and a prime position in my field. And perhaps because of a lack of understanding by the ministry of Health, I had to change my position. I submitted my ideas for change and got zero response.
- I was a leading financial officer, and I had to leave my work when I returned. When I came back all of my knowledge was not used. I had to find a new job.
- Law -- When we try to apply foreign learned knowledge, we have trouble getting it accepted back here. WHY? People are more familiar with the old system. We young people are not satisfied with the old system. For example, in trying to do the moot court approach here we found that the system doesn't allow the defense attorney to apply the moot court system. Further, we found that many Anglo-Saxon laws don't apply here, nor are they compatible with the mentality of the people. The reality of law in the west is that both defense and prosecution prepare their evidence very carefully and precisely. Not like here. So, the challenge is learning techniques that are not currently relevant.
- Fundamentally, the problem is the communication gap between two generations. How do we overcome that gap? Two suggestions: (1) legal education reform; (2) study our laws and find those that allow certain people to benefit unfairly.
- Economist -- Agree with former speaker. About 90% of acquired knowledge is not applicable here in economics. Still, training our young is very important. How to do? (1) Influence a broad audience through the media; (2) Focus on the mass media, emphasizing a free market economy; and (3) Pay more attention to training top level officials -- difficult, but with high payout.

- Water -- I support these opinions. High level government officials should be trained. For example, a participant's training in climate change ideas work negatively in UZ in terms of specific applications. However, the ideal of the output of greenhouse gasses was accepted and led to some positive decisions.
- Economist -- In SME we have been luckier than others. SME has become a priority in recent years. Maybe that is why we are approached more and more with inquiries about this topic. When we work in working groups with control and command producers, we are able to apply our Israeli experience. Now we are trying to apply the International Standards of ISO 9000. The situation is changing and now we have received an order from the Coordinating Council of SMEs in the DPM's Office to organize an ISO 9000 training. This would be for some bankers, and demonstrates how the situation is changing. As far as application of knowledge is concerned, approximately 40% of participants say they are not able to apply their knowledge and 60% say that they are.
- Health -- Dissemination of training depends on how you go about it. Can the training be linked with local laws, etc.? (Participant's training was in replacement drugs for addicts.)
- Economist -- In the field of IT, change is not a problem. It goes with the territory. Now these changes we have introduced are having a significant effect.
- Economist -- The ideas and knowledge acquired cannot be applied immediately. You have to wait and see what is relevant. As to training top level officials, I only partially agree with the earlier opinions. The decision makers worth training are only those who can decide what is applicable and what is not.
- Law -- Disagrees. Her experience is that when judges, etc. are involved in training, their opinions are not changed. Change must come from the bottom. There is a saying that "people get the government they deserve." It is difficult to change the ideology and world view of some. Young people change more easily.

I'm hearing negative results...
- Have you ever seen when walking along the street, you see grass growing through the asphalt? We are all this exact grass.
- Obstacles did not break us, and I will try to participate in any of these training programs I hear about.
- When you put iron in the heat you make it hard, and all these experiences have hardened us.

Question: How can USAID help you overcome obstacles?
- It would be reasonable to organize meetings of alumni, not just allowing them to stew in their own juices. Alumni try to implement projects themselves, and can't take advantage of their colleagues. We can learn from each other after the training as well.
- Since this is a government-to-government program there must be an interest in maximizing impact. When USAID is negotiating to bring training programs they must stipulate that the government utilized the graduates of programs to the maximum effect. Very good use of cadres used to be done in Soviet times (institutions used to follow the achievements of alumni). Not everything was bad in the Soviet period, and these methods would be useful.

What can you apply from the Soviet period, that USAID could duplicate?.
- Follow-up of training and promotion of alumni. This monitoring of career and success should be done at certain points. The training organization should provide additional training and information.
- I participated twice in training, but according to our regulations these are not recognized in Uzbekistan. I think that it is possible to gain recognition for this lack in the law.
- I think that the summer school type of training is best for us. It is very different for us to leave our jobs for 3-7 weeks. Summer programs will allow us to attend without suffering. When there was training it was difficult for me to go. It is best for academic candidates. But don't do the program in Uzbekistan at that time, it is too hot.

Let's talk about outside training, is it a problem in academic and other worlds?
- As an employee of a higher education institution, recognition is a problem, to get your certificate recognized you must go through a process. Our government encourages students to study abroad.

What are your recommendations for USAID? How to improve trainings in the future?
- In order to organize effective training in health care it is not enough to know your own system, you need to understand our system. In Connecticut the professors gave a picture of health care in the U.S. and many times we could not understand each other.

If you were a trainer in the U.S. how would you overcome that problem?

- I would study health care here (in Uzbekistan). communicate with wise people here. live here. I would prepare lessons here and deliver them there.
- It would be useful for trainers to be provided information on participant's organizations. etc.
- One more aspect of Soviet professional training...they used to send study material before hand. Then we had to send a paper to that center, which the teacher/trainer would read to learn about us.
- It might be reasonable to have homogeneous groups for training.

What training has there been enough of, and what kind of training would you like to see more of?

- We are now developing credit unions in Uzbekistan. We would like to train staff, many methods are not recognized in the U.S., it might be better to sent participants to Poland. Japan. and Bangladesh.
- You live in a market economy. we live in a totalitarian economy. Trainers and students often do not understand each other. It would be better to focus on transition economies. Germans sent transition tapes. it was very useful to us. We have to resolve all these problems already faced in Poland. There opinions and guidance may be much more useful to us.
- Health care...we need to eliminate language barriers. There are many advancements in Baltic countries. "At one time we boiled in the same cauldron together, but somehow they moved ahead quickly" and are way ahead of us now.
- How the system works now, a participant is shocked from one system to another. maybe we should expose to levels in different stages.
- I'm in communal services. I have no knowledge about training in this sector. Most sharp problems are in communal services (water, gas, sewage, solid waste. and roads). Lack of these communal services is the limiting factor in our own well being. Reforms are slow in coming. The gap between cost of services and ability to pay is great. Bulgaria, Yugoslavia, Spain all went through this process. It would be good to conduct training based on their experiences.
- We participate in these trainings and it would be very profitable to make use of us as trainers.
- For medical personnel, one-week training is long enough. People are busy and needed on the job. Four to six hours a day is a good time period for training.
- For those in higher education. it is important that the training be such that it can be disseminated further. both throughout the valley and in third countries.
- Training should include government practitioners.

FOLLOW ON
- After completing training. should carry out discussions like this -- the focus group -- because problems emerge in practice.
- In education, it is important to receive handouts for decentralizing education.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges

C.1.1 Expectations

C.1.2 Challenges
- In practice. all support goes to government health programs. Now. doctors are trying to convert to private services from free services. But. it gets back to the issue of funding and what would be a reasonable management of funds. So, some training needs to go to private groups as well as government health people.
- The pattern is that organizations provide training to certain groups of medical employees. It may be better to train trainers in technical subjects. such as health and accounting. For example. Project Hope has people that go around training people in various subjects. Better to have them train people to be trainers in these subjects.

C.2 Recruitment/Selection
How satisfied are you with the process used to select you?

- We filed a questionnaire, and form. It is the correct methodology.
- USAID carries out some research work on the needs of society, and they find weaknesses where training can play a role. Last year 3,000 people competed in 3 stages, then 65 finalists were selected and only 3-5 will go to the United States.

Do you have suggestions for the future?
- Based on my own experience, we must focus more on the desire of participants to contribute what they learned.
- When the applicant goes through the paperwork, and then the interview, they must clearly state specifically what their expectations and desires are.
- Work experience.
- No selection -- organize training on the spot (i.e., on the job training).
- Talk to bosses in selected institutions.
- Check with government. May be a source of information.
- Use a questionnaire. This would be good and impartial.

D. TRAINING DIRECTIONS

- We have seen new methods for governing and managing health care. More Uzbek physicians should be sent to the US to be exposed to these practices.
- One week training sessions are good for managers and health care practitioners.
- One month is better for doctors because of the technical nature of this training. Focus should be on new methods of health care management.
- Returned participants should prepare presentations for colleagues.

D. 1 Lessons Learned
- Result of training: I studied the judicial system in the U.S. and I found that judges have specialties, came back and tried to implement that here. I found that I was able to get only 20% of my proposals implemented. I was successful in breaking the system into three: civil, criminal, and economic. One of the benefits of this is that it allows the judges to be more specialized and knowledgeable across three fields. Before you would have to always be switching between completely unrelated areas of the law. I was very impressed with the jury system, because they were independent from each other, from the lawyers and the judge. When we came back from our training we called to the Ministry of Justice and made some of the changes. We were told that we can't go that far, but we can go this far.
- Unfortunately the economy does not allow for the jury system, (note: it is not a cost free system). Sometimes we have a vocational system of judges, you have to take courses...Here in this country we are trying to establish a system based on the rule of law. We need to send more lawyers to foreign countries, the exposure to foreign cultures and systems would be beneficial. Let the Ministry of Justice select the participants.
- The alumni of my program maintain contact with the lawyer association in the U.S., and we upgrade our skills continuously through these contacts. Now we want to establish a similar organization here. In 1998 I was the chair of the association of judges in Samarkand. We had an association in place before the training, but the membership was very low. So after the training we held a series of conferences and seminars here and the membership in the existing organization grew. Now every judge is a member of either the judges or barristers association.
- You should attempt to measure the quality of trainers, not just the overall training.
- Make trainings more topical, more focused on client needs.
- Ecological training, gender training, education, journalism.
- Topics should be defined by the participants, not by the international organizational activities here. Managers of international organizations are marginal at best in knowing how to select the right mix of topics which are current to our needs.
- What we don't need any more here is Counterpart. I was warned that it is bad to talk negative about Counterpart. If you talk bad about Counterpart, in you suffer in the eyes of USAID. Counterpart has played its role, it launched NGO culture, this is their historic place.

- Often there are misunderstanding between organizations sending participants and organizations doing the training....
- Participants from different fields were in the program, but we focused on one problem. We had good practical exchange of knowledge. Shortcoming: quality of training, "participants in training are not still born children."
- Now we are teaching our colleagues from different countries.
- Comment: have to move to further stage of professionalization of our organizations. We have grown. But, still the training groups do the same things. Conclusion: We have to grow together and participate in training together. Select trainees from different areas. In brief, organizations to receive training should be consulted by training providers to make sure subject & training type are relevant to needs.

D. 2 Success Stories
- Participant training in the U.S. gets at both knowledge and attitude. 1 am now well enough trained to provide training myself.
- Personal changes: it helped me move from volunteer to trainer. Our organization participated in the organization of training programs. Training highlighted my skills to my boss and other people considered me differently.
- Training in treatment of TB must go along with supply of medicine and equipment. This was done under a WHO training program. Participants received a large supply of medicine and equipment from the WHO global fund.
- Shortcoming of follow-on programs is that they aren't given opportunity for exchange with regional colleagues after the training.
- One of the benefits of the training is that they were able to work out a program for eliminating TB in Uzbekistan. Now that program is being promoted widely.

D. 3 What are the emerging new areas of training and what areas have been essentially satisfied?
Economics –
- Recommend special IT topics, optimization of the production process and technology of communication.
- Econ - Need training in market economy
- Commodities for export.
- Research methods.
- Economic management for government officials.

Health -
- USAID does much in Health Care and medical services. Pleased to listen to her colleagues to learn about the large scale reforms that are underway. But, things are moving slowly in: (1) Public health care services; and (2) Control of germs. We don't have international health care standards here. We should send people for training and let them bring the knowledge back to this country.
- One training can't cover all problems.
- Financial support for further training of a participant after initial training.
- Bring US and Third Country trainers here to train colleagues of those who have been on US and TC training.
- Health care financing is moving from a centralized system to decentralized, including formation of private health care services. Also the concept of per capita budgets.
- Health care management in conditions of market economy.
- Need financial managers.
- Expand marketing services in health care.

SME - Training needed in:
- Marketing
- Discussion between subordinates and supervisors in the way corporate management does.
- Provide training to transfer knowledge in new areas being introduced, like credit unions.

Water
- Training in environmental protection connected to the economy.

- Top managers must be trained on the negatives of pollution.
- Training of government officials that exercise control.
- Training on economic methods, such as those who pollute, pay.
- Observation of irrigation practices in other countries. One month in each country.

Pharmacology:
- Training for analysts and technologists in basic planning, analysis, technologies, organization of pharmacies.
- Step by step over three years in one month courses.

Psychology:
- Specialized courses. There are no courses for psycho-analysts here so it would be better to invite people from established centers of psycho-analysis to come here to provide training.
- For psychology teachers -- they know 35 subjects, but not psycho-analysis.
- Could arrange for special telecasts from special centers.
- Like to be able to send specialists abroad.

3. TA CONTRACTORS/GRANTEES

Country Name: Uzbekistan
Research Audience: TA Contractors/Grantees
Method: Group Interview/Interview
 # Conducted: 4

A. TRAINING GENERAL

A. 1 Definition of Training
- Training is a continuous success story. See example of regional training program in Samarkand in success stories below.
- Good time to do evaluation. See if USAID going down the right road.
- We use our in-house technical capabilities for technical training.

A. 2 Trends in Training or Training Types
- START for study tours to TCs that are five or so years ahead of Uzbekistan.
- Using TOT in certain types of program, e.g.,
  - Water Users' assoc. (Heads of water users' associations.)
  - Regional weather service
  - Installing Hydromat equipment
- Must be very careful with TOT. Use it for areas in which the skills are available locally or can be trained both as to technical area and training skills. Perhaps for 2-3 day sessions.
- In health we want to keep our cost share balance 20% from outside the project and 80% internal.
- Plan to keep the 1-2 punch -- that is ICT followed by a study tour to a country that is about five years ahead. May add a third punch if budget permits -- that is study tour to a country like Poland which has a good credit union system and the communist legacy. Will need AED support in all of this and plan to send all 5 credit unions.
- Also will need AED help with a tentatively planned conference for October 2004. We may have our Asian international technical conference in Tashkent in October when the number of credit unions in Uzbekistan is scheduled to reach 12. This decision was made by our president during his recent visit here and is linked with the success of the movement here so far. Have already sounded out AED on this and the Poland trip.

B. TRAINING IMPACT

B.1 Use/Application
- PA Trained over 5,000 people. Project has 75 - 80 people and 5 training staffs, one in each of the five CA countries. Most funds are spent in Uz. Contributed over 300 computers. So, with involvement in just four study tours, AED is not mainstream for PA.
- Partnership Consortium could help AED follow up with participants. AED doesn't know our success stories.
- Networking. The study tour group is a network.
- We make great use of AED training program. Really appreciate it. Great to have AED around to plug into.

B.2 Changes Made/Implemented
Concerns
- Things were clearer for us in GTD program. Now there is some confusion with AED going after results. Results orientation of the training program could put us (Abt) in conflict with AED -- competing for results from same program. Where does AED fit in USAID results framework?
- START has the capacity to link programs across sectors -- that should be their results focus.

Evaluation of the Participant
Training Program in the CAR
G-81
April 30, 2003

- Wish we could work with AED on budgets. This is where partnership and coordination become most meaningful. However, AED budgeting for training is a closed process. Has led to some coordination problems in implementation. Not serious, just awkward.
- AED seems to apply the rules without making decisions about whether or not the rules are necessary in a given situation.

C. TRAINING PROCESS

C.1 Expectations/Implementation Challenges
- AED participation and involvement is very good. An added value.
- GTD was really bad two years ago. Loose process. START is much better.
- There are many single leader NGOs and this is a tough problem.
- AED will not pay our contract trainers. Can see why they can't pay us, but why can't they pay our trainers who are under contract?
- In Soviet times, every major technical institution had its own technical training college. For example, in the Head Administration on Hydrometeorology, there was organizationally a Tashkent Hydrometeorological College -- which used to train thousands from the CE region. Now it has 120 employees, just ticking along, and basically just drawing salaries, albeit, very small ones of about $30 per month. They no longer have money for research. So, an Institute, such as the one we work in used to have a strong training and R&D link with the Hydro Tech College. Now that link is gone. In Kyrgyzstan the government has tried to pick up the slack, but so far has failed to do so.
- The Tashkent Institution of Irrigation and Agriculture Mechanization Engineers trained for the whole CA. It trained roughly 12,000 per year during Soviet times. Now only 3,500, all Uzbek students.
- We are using TOT in certain types of program, e.g.,
  - Water Users' association. (Heads of water users' associations.)
  - Regional weather service.
  - Installing Hydromat equipment.
- AED has been peripheral to their training process. They have handled 3 or 4 study tours.
- In the last two (Nov. 2000 and Feb. 2001) it appears that there were too many people with their hands in the mix. The first one was in Colorado. Participants were left at airports, etc. Not good for the senior level people involved who expect better treatment.
- In the Feb. training, the hydromat people were left sitting in a hotel for 3 days of a two week program. Not good value for the training program. Fortunately, someone from USDA came out to the hotel at Dulles for a half day and this was a highlight -- this last point from one of the participants in that study tour.
- When we made plans with USAID for a study tour all they had was one to Kyrgyzstan, which has sub standard credit unions. That is all we had money for. However we were able to augment our resources with AED START resources and make the trip to the Philippines instead.
- There were some logistical problems along the way. Eventually, we had to help with Pl airlines reservations. Also, the budget was not sufficient and had to go to USAID Almaty for an increase. This took some time and caused some nervousness.
- Changes. In terms of mechanics, AED procedures may be too tight. As in the Pl airlines thing.

C.2 Recruitment/Selection
- Selection is a problem as the level was too high. For example, we wanted them to do action plans for implementation back home, but these people were above that kind of task.
- Don't mix leaders with working level on study tours.
- AID tends to focus on policy, but fails to realize that in going after policy issues you need data and data analysis to feed the policy process. This requires development of these skills through training.
- Do scholarships with individuals. Send key individuals abroad.

D. TRAINING DIRECTIONS

D. 1 Lessons Learned
- USAID has a tendency to declare victory too early.

- We are trying to superimpose our training approach over what used to be a very complete and integrated system for the whole region.
- Special care must be taken in TOT to make sure that the trainers are good trainer material, know their technical material, have a sense of dedication to training and have good training skills. Difficult to find people meeting these criteria once we get out of certain technical areas (see above). This is an area of concern as programs move more into TOT applications.

D. 2 Success Stories

1. The SO calls for institutional strengthening. The project has done a lot of this.
2. Redevelopment of the training institution in the Tashkent Hydrometeorological College is one good example. The issue is to continue to develop once this project is over. As it is, Patrick protects the College from computer grabs by other agencies.
3. The Regional Training on Developing Networks was conducted under the support of START AED on October 31-November 4, 2002 in Samarkand. The training was aimed at getting information on community networking and to equip participants with the necessary knowledge and skills to set up effective community networks and their branches. AED handled all the logistics -- transport, training program, accommodations. Kokand participants (Fergana valley) were so excited they designed a module for training for NGOs and conducted the first one for local communities and NGOs working in the public health sphere in Kokand. After the training the Network of 8 medical NGOs was created and started its activity in Fergana Oblast. The knowledge gained at the training allowed them to conduct a feasibility assessment by each CSSC to discover existing and potential community networks.
4. For example, community Project Management training was conducted on July 3-6, 2001 in Tashkent with the support of the Global Training for Development (GTD) project for 25 participants of Uzbek NGOs implementing community based projects. The training was focusing on promotion of citizens'participation at different stages of the development and implementation of the project, increasing the knowledge and skills of NGOs in community-based project management. As a result of the training a new training module on Community Project Management was designed and included into the training program of Uzbekistan. The participants of the seminar applied their knowledge in their work with communities. For example, a grantee of Counterpart Consortium ,*"Atamakan" Charitable Fund*, was engaged in solving the problem of water shortage in Kegeyli Rayon of Karakalpakistan. The staff of "Atamakan" participated in a number of seminars of Counterpart , including those conducted in collaboration with Global. In particular, the Director of "Atamakan", Esnazar Usenov, took part in the seminar "Community Project Management" held in July 3-6, 2001. To address the issue of water shortage in other areas of Kegeyli Rayon, " *Atamakan"* has started out several initiative groups and using knowledge acquired on the seminar helped them to develop projects, 3 of them. *Sharapat, Jalpak-Jap,* and *The Society of The Blind,* have received grant support from Counterpart Consortium.
5. Success story. When the WOCCU project was just starting out, there was a new credit union law in Uzbekistan. The government needed to disseminate this law. AED paid for a conference in Bukhara to do just that. Very successful conference and it resulted in the three pilots being formed. Business Women's Association, Handicraft Operators, Farmers, Mahalahs and Employees and Professionals of the Government. After the conference, these five organizations united which gave them the member base and diversity to have a successful credit union system. He feels this was directly attributable to the AED supported conference. The next step was to show them some reality. This was done through a study tour to the Philippines in collaboration with AED. In addition to the credit union operators/implementers, we had two members of the Central Bank (Deputy Chair and Head of Regulation) plus a the Chair of the Finance and Budget Committee from Parliament. At first these folks were aloof, but by the time it was over, the group was quite friendly and worked together back home. The Bank immediately issues instructions to other banks to use a WOCCU tool for designed for this purpose to license credit unions. Parliament decided to dedicate a month (September) to go into the rural areas and study ways to improve credit union law. This is impact.
6. Success story: In the face of a restrictive government that keeps a tight hold on cash, able to get 5 credit unions going and people willing to save. The 5 now have 50 million summs and the growth rate in savings still is high. Growing every week. Overcame fear of public that the government would find a way to take their money if invested. AED training support was a key.

D. 3 What are the emerging new areas of training and what areas have been essentially satisfied?

WATER/ENERGY

- Emerging areas of need are:
  - Study tours, but they have maxed out in Water, Energy, Gas and Oil.
  - 2 day discussion sessions
  - Tertiary level training -- data collection and analysis, computer analysis. USAID is more interested in the policy level, but skills at the tertiary level are needed for good policy making.
- USAID should go to the premier institutes like we have done here and build them back up and come up with sustainability plans for them.
- Get someone from TEAME to take Pat's place when he leaves in May. Project will be without training advisor. There are plenty of rooms in the institute that can be used for training. Designate someone who can be the training director. Introduce free market approaches for long term sustainability.

DEMOCRACY AND MEDIA

- Missing work with local governments. For all our efforts, there has been little government involvement and that, only informal.
- Government leaders are not knowledgeable about NGOs and their utility. Suggest joint Government and NGO training.
- SME -- NGOs are increasingly engaging in mission related business to sustain themselves. This is an area where training is needed.
- More attention is needed for training in marketing and management. We can do marketing, but not local government and business under our current USAID framework.

There is no saturation with NGO training. There are only 600 NGOs in this count

CAR PTP Annex G – EvalQC-26

Evaluation of the Participant
Training Program in the CAR
G-84
April 30, 2003

APPENDIX H
REGIONAL AND COUNTRY SUCCESS STORIES

The evaluation team identified 15 success stories, which it has written up below. In so far as possible, an attempt was made to keep a balance among the four SOs covered but the preponderance of PTP training in some areas did skew these results. Many of the programs also produced benefits in more than one SO area and this has been noted, with the primary SO shown first.

The evaluation team found that success stories are not difficult to come by when following up with participants over time. It is recommended that PTP have a follow-on officer in each AED office (as is the case under START in some countries) and that this person have included among his/her tasks, identifying participant and participant group success stories as they develop. Some of these stories will be what are named here, "rolling success stories", that is the success builds over time as additional actions are taken by participants and their organizations as a result of or stimulated by one or a series of training events. In other words, a single training event or a combination of events as well as a single participant or group, might yield a series of successes over time that is at least in part a derivative of PTP training.

The following table indicates the success stories by country, title and SO. Where the story has the potential for including more than one SO, it is so indicated.

Table H1: USAID/CAR Participant Training Program Success Stories identified in the March/April 2003 evaluation

Country	Success Story Title	SO Addressed
CAR Regional	Effective Partnerships	3.2 beyond
Kazakhstan	Regional Training Centers -- Institutionalizing Training Capacity	2.1 beyond
Kazakhstan	Turning "disabilities " into "abilities"	2.1
Kyrgyz Republic	Roundtables -- A Non-Traditional Training Forum	All
Kyrgyz Republic	The Forgotten Ones	3.2 beyond
Kyrgyz Republic	Weaving Networking Around the Globe -Capitalizing on Volunteerism Opportunities	2.1 beyond
Kyrgyz Republic	Focus on Quality Customer Service in Public Health Care	3.2
Tajikistan	The New Training Wave -- Combinations Training Locations	1.2 1.3 beyond
Turkmenistan	Training Trainers for Family Health Practice	3.2
Turkmenistan	Participant Spreads the Word on Public Relations and Negotiation	2.1
Turkmenistan	Teaching Business Legislation and Rights in Turkmenistan	1.2 1.3
Uzbekistan	Participant Making Impact on Teaching Methods -- Tashkent	1.2 1.3 - 2.1
Uzbekistan	Breakthrough In Property Assessment -- Samarqand	1.2 1.3
Uzbekistan	Advancement in Privatization of Pharmacies	1.2 1.3, 3.2
Uzbekistan	Spreading Training and Community Action Through Training.	2.1,3.2,1.6

REGIONAL SUCCESS STORIES

Effective Partnerships

SO 3.2

American International Health Alliance (AIHA) and AED are pooling resources throughout the region to create training opportunities and partnerships between US health organizations and CAR Ministries and other health organizations. This success story is about the effectiveness of this AIHA - AED collaboration.

This fruitful partnership began with a regional conference for medical educators in October 2000. The conference used US trainers, representatives from the American Association of Medical Colleges and prominent deans from several US medical schools. AED helped to bring in local educators and rectors from CAR medical schools and institutions. A direct offshoot of this conference was the establishment of the Central Asia Council of Rectors.

Since that time, AED has helped AIHA in ten additional training events and three more are in the pipeline. The majority of these training events have helped nurses, family practitioners and trainers reach a broad spectrum of health care professionals in the region, brining them new ideas, technologies and strengthening the capacity of local health care institutions and networks.

The nature of the partnership is both facilitative and substantive. AED not only funds all the participants but also works with AIHA on planning each event, developing the TARF and on participant selection. This CAR partnership also spawns partnerships between elements of the CAR medical community and individuals and institutions in the American medical community.

AIHA develops priorities for training and follow on work in collaboration with National Ministries of Health and within the USAID SO2.3 construct. These priorities are mapped into requests for proposals and posted nationally in the US, where health professionals and institutions (all volunteers) respond with proposals, timeframe and budget. Partners are then selected competitively. Partners usually send professionals for two weeks or longer, and often with periodic visits over time. Local counterparts also return with partners for similar stays in the US to observe and undertake practical training activities. Over 100 such partnerships have been formed.

KAZAKHSTAN SUCCESS STORIES

Regional Training Centers -- Institutionalizing Training Capacity

SO 2.1 and Beyond

Regional Training Centers (RTCs) are not new and their establishment and strengthening has long been an acknowledged success of USAID local government initiatives. However, local training institutions like the Regional Training Centers are worthy of continued USAID and PTP attention as the capacity for providing training must be re-institutionalized in the CAR. An example of this kind of continuing support occurred in January 2002 when the PTP program

through AED and ICMA, supported a Poland study tour for eight selected RTC Directors, preceded by two workshops for RTCs in the previous year. Further, a representative of the Polish RTCs was sent to Kazakhstan to do a needs assessment prior to the study tour. This is an example of the serialized approach to training and of advanced trainer preparation that seems to prove very effective.

Once in Poland, the participants were split into two groups of four, each group to work with a designated Polish RTC for eight days of training and observation. In an example of the kind of follow-up needed with such third country training events, all the relevant materials were translated and made available to the participants on return.

The eight participants were selected because they were considered the best qualified for the training. After their return, they were instrumental in launching an Association of RTCs and a charter for this purpose has been drafted, drawing on the Polish example. Now there has been some twinning of Polish with Kazak RTCs.

USAID's work with RTCs has widespread payout at they have significant outreach to national and local government officials across the country. For example, the Almaty RTC (which enjoys the status of an NGO) recently won a 6.0 million Tengi bid to train 850 Oblast officials. That is coverage. All of the RTCs use modern interactive training approaches thanks to the USAID and other donor local government programs and they have access to a data base of some 240 trainers, most of whom have had USAID or other donor training. It is important for USAID to continue to nurture this important resource, e.g., through the UI and PTP programs, and not to declare success too early.

Turning "Disabilities" Into Abilities

SO 2.1

"I was a Prisoner of My Own Mind. This Program Changed Who I Am..."

This dramatic quote from Mr. Dumbayev Aibek, the Chairman of the Asian Society for Rights of Disabled Persons speaks volumes about the nature of the impact his US study tour had on him and as it turns out, on his organization as well. The key revelation for him seemed to be the idea that in the US the disabled had organized and fought for their rights and that the system, government and society had responded. The study tour started with a conference about coping with disabilities, followed by visits to NGOs involved in this field. He saw the extent of cooperation with government and between organizations and vowed to redirect and focus the activities of his own organization on his return to Kazakhstan.

Once back in Kazakhstan, Mr. Dumbayev began to put into practice what he had learned and started infusing the new directions and dimensions he had learned into his own organization. He found that he could indeed collaborate with government and soon was offered free space for his organization and reduced tariffs. He found that there are benefits to cooperating with other organizations and now argues that you should not just rely on yourself, you should cooperate with colleagues and get things done through *"give and take."*

The attitude change experienced by Mr. Dumbayev through his study tour did not extend just to his work. He said that he and his study tour colleagues also learned about Americans and overcame some preconceived notions -- *"it was an emotional explosion for us...we learned what real Americans are like...different from our preconceptions."*

KYRGYZ REPUBLIC SUCCESS STORIES

Roundtables – A Non-Traditional Training Forum

All SOs

Though not traditionally defined as "training," AED and its local partners in the Kyrgyz Republic have been using roundtables effectively as a "training event." What is a roundtable? A roundtable is a coming together of stakeholders to discuss issues and challenges before deciding what training directions might be needed. Sharing and training on new knowledge and new skills can only be effective if people believe in and have a feel for the ideas and the program in which this knowledge and these skills will be used.

This means creating an enabling environment that supports the use, sharing and spread of the relevant knowledge and skills. It also means getting local buy-in by insuring that the knowledge and skills address locally identified training needs. AED-supported roundtables have helped create this enabling environment in Kyrgyz Republic. Through these roundtable discussions, policy makers, often on opposite sides of an issue, come together to discuss options and make decisions on how to move forward, e.g. health reform, tax laws, etc. NGOs, with much in common, work through issues and discuss possible training solutions, often times developing the basis for a community-centered and -generated training idea such as civic support centers or women's organizations.

The impact of these roundtables has been quite diverse. "Nay sayers" begin to listen to a new perspective and consider the possibilities. Organizations share feelings and beliefs on how best to move forward and what prospects for collaboration might exist. In some cases, the training design and needs assessment process begins as a direct result of a roundtable discussion. AED has supported numerous "roundtables" in the Kyrgyz Republic in the past, but now it has an excellent opportunity to begin to use this "roundtable" forum to get involved in the training process earlier.

Earlier involvement in the training process can ensure more effective training plans. The quality of the roundtables could improve as well as the resulting training design and creation of the enabling environments that support those training programs. Roundtables are an excellent opportunity for all stakeholders to come together and effectively plan their training programs based on local needs while carefully linking them to USAID strategic objectives, TA contractor/grantee goals and objectives, and AED results-orientation. The possibilities are endless and AED's PTP program flexibility is a prefect match for the format and value of roundtables in the Kyrgyz Republic and elsewhere in the CAR.

The Forgotten Ones

SO 3.2 and Beyond

We sometimes forget that one integral part of the Soviet system was a complex of training institutions and a regular regimen of training. Since the breakup of the former Soviet Union. many stakeholders that had traditionally been involved in regular, ongoing training programs and continuing education have been forgotten in today's training programming. Now, the PTP program is making it possible for some of these audiences to again receive training. One such "forgotten audience" is hospital lab technicians. Thanks to a coordinated effort between ZdravPlus/Abt and AED PTP, Health Finance Component Coordinator, this group has been returned to the training fold.

A training program was offered to a group of these lab technicians who, in turn, have taken their training to their institutions to share the information and train their colleagues. Results of this training are beginning to show. The lab technicians have upgraded their testing standards and practices, which will eventually have an impact on the accuracy of medical test results. Perhaps more importantly, they are once again forward-looking in their approach and are finding ways to improve what they do and how they do it.

The capacity for flexibility and complementarity in the USAID PTP is helping to bring balance to the health and population sector through partnership with the TA contractor, ZdravPlus/Abt. It has enabled a strong and organized health sector to be further reinforced and structured. As with most success stories, there is another chapter to be written. AED has an opportunity to strengthen training programs in the Kyrgyz Republic by working with other partners and together focusing on filling these "audience gaps." This means ensuring that all audiences that need to be trained in order to have the desired impact in a specific sector, are given that opportunity, including going beyond the ongoing training programs of training partners (TAC/Grantees).

Weaving Networking Around The Globe: Capitalizing On Volunteerism Opportunities

SO 2.1 and Beyond

This story, albeit brief, is yet another example of the value of networking both locally and globally. It is also an example of how the flexibility of the USAID PTP program, as implemented under START, can help USAID and TA Contractors/Grantees take advantage of volunteerism, whether local or international.

A group of Irish trainers from Rural Community Network in Ireland volunteered time and tickets to work with CAR trainees on community networking. There was still a need to fund and organize a group of CAR participants with which the Irish group could work. AED paid for all participant costs, without which the training could not have occurred.

The training produced encouraging benefits, which still are unfolding, as follows.

- Working together at the training program, participants collaboratively developed action plans for each CAR country, so when they returned to their own countries, they had an agreed plan of action;
- At home, they launched feasibility studies to see if community networking and plans are feasible and these studies still are in progress.

Meanwhile the Irish Rural Community Network has submitted a proposal to the European Union to send some Kyrgyz participants to Ireland to observe community networks in action. Should the proposal be approved, the Kyrgyz participants would be funded by START.

Focus On Quality Customer Service In Healthcare

SO 3.2

The new focus of Quality Customer Service in the public health sector in Kyrgyzstan is due in large part to AED-funded regional and US-based trainings. Gulaim Isabekova's experiences in these study tours were an epiphany for her as a health insurance and finance specialist. As she stated, *"... they helped open my eyes to how different components are tied together and can benefit each other."* Since her training she has developed a health insurance database, established solid linkages between the Ministries of Health and Finance and health insurance companies, had significant input in changing how family doctors are paid, and assisted with normative legislation for medical professionals.

Her learning experiences with health care providers, insurance companies and other private companies working in the health sector provided her with insights in the area of Quality Customer Service (QCS) and the importance of patients having a close relationship with their medical care professionals. She has recognized that the organizational structure is different in Kyrgyzstan and that it presents significant challenges to implementing change. Nevertheless she has worked successfully to begin implementing QCS in her country. She worked to develop quality standards for medical services that have improved medical procedures and practices, and she and her fellow trainees also learned about the power of lobbying on behalf of the medical profession in Kyrgyzstan. She also participated in developing a telephone hotline into the insurance information system to help doctors link quickly with patient records. All this has significantly raised awareness of issues and challenges in the health sector and also helped her and others contribute significantly to health care reform.

More importantly Ms. Isabekova is now looking at the larger picture of health care reform. She recognizes that *"... the separate pieces are part of a whole that is more effective when they are working together ..."* and that *"... individuals such as myself working within each of these components are all part of the same team."*

TAJIKISTAN SUCCESS STORIES

The New Training Wave – Combination Training Locations

SO 1.2/1.3 and Beyond

Training is often an ineffective tool for bringing about change because only one training workshop is conducted, no follow up is done and no assistance is available for those trained to ask questions. As the old adage says "one training does not necessarily a trained professional make!" Recognizing these training deficiencies, AED PTP Tajikistan has risen to the challenge and is surmounting them. A phased approach is being used and used effectively.

There are always arguments about the effectiveness of training locations – US-based vs. third country vs. regional vs. in-country – and the final determination is usually that broad catchall training phrase "it depends on the training..." AED/PTP and IFES, a TA contractor working in Tajikistan, have opted to take advantage of the effectiveness of all training locations in combination, not choosing one location over another, but using all in combination to overcome typical training challenges. This three-phased approach comprises:

1) US or Third Country training to train professionals in techniques, additional content as necessary and allow professionals to experience and discuss the international issues;
2) Regional training for these same trainers to practice and perfect their knowledge and skills in a culturally-appropriate setting, but not yet with their final, intended audiences so that they have some additional opportunities to discuss and adapt methodologies and content;
3) In Country training for host country nationals conducted by well-trained and confident host country trainers.

These partners have used this approach to implement commercial training for lawyers and at present have 15 competent trainers conducting commercial law training workshops throughout the country on a monthly basis. For this phased approach to be effective, planning is essential – what are you doing, for whom, why, and how – and AED/PTP in Tajikistan is a model for this new wave and its effectiveness. AED/PTP has an opportunity to carefully and effectively incorporate a fourth phase into this wave of training – in country follow-up. The wave can in this way come full circle and during follow-up, the next training wave can be identified, developed and eventually implemented, with AED/PTP involvement at every stage and during every phase.

TURKMENISTAN SUCCESS STORIES

Training Trainers For Family Health Practice

SO 3.2

Primary health care reform continues to be a relatively new concept in Central Asia. One of its segments is to re-train doctors of narrow specialization to be family physicians, as well as to train nurses to work in a team with family practitioners. After participation in the *Central Asia Regional Health Reform Seminar: Integrating Maternal & Child Health Central Asia Regional*

Health Reform seminars in 2000, USAID participant Myakhry Nedirova focused her activity on the issues of family physician training. The regional seminar helped Ms. Nedirova establish close relationships with her colleagues from other Central Asia Republics. Reform implementers do not often have opportunities to share experiences with neighboring countries although their reform programs are similar. So, this seminar was very important for developing further relations. She also participated in other USAID sponsored training in North Dakota, USA to learn its primary health care system works.

To accelerate the process of transition to family medicine, the Ministry of Health and Medical Industry of Turkmenistan, with the help of partners in North Dakota, established the Center of Family Medicine in May 2001. Its main task is practical retraining of specialists as family medicine practitioners and Ms. Nedirova was appointed as director. She organized a one-week seminar with her Kyrgyz colleagues who came to Ashgabat for Training of Trainers and she used new methods of teaching (role playing, games and intermediate testing).

As a result, the new staff of Turkmen trainers working in the Center conducts re-training courses every two months for groups of family practitioners from Ashgabat. After graduation from a training course, trainees take a test and receive certificates that allow them to work as family practitioner and receive a higher merit rating it their work. Hundreds of family doctors have been trained in the Center since May 2001. The new interactive training methodology helps doctors to gain better knowledge and skill, thus improving the quality of health care in Turkmenistan.

The positive experience of the Center of Family Medicine is being expanded to other regions of Turkmenistan. Thus, in November 2002, with AED sponsorship, the Center provided training to ten specialists from Lebap region of Turkmenistan who will work as trainers in the new Center to be opened in Turkmenabat city.

Ms. Nedirova keeps in touch with her North Dakota partners who supply the Center with updated information, books, and manuals. Due to her diligence and pleasant demeanor the Center has become a link in a large chain of enthusiasts who promote progress in health reform.

Participant Spreads The Word On Public Relations And Negotiation

SO 2.1

Public Relations techniques are a comparatively new tool for organizations in Turkmenistan. Given the heavy bureaucracy and low democracy levels in Turkmenistan it is important to implement programs that can improve the relationship between the governmental and public sectors. Takhir Garipov has been working toward this end.

Takhir was a participant of two AED funded training programs sponsored by USAID: (1) NGO Legislation in Turkmenistan in a Nutshell (In-Country by International Center for Not-for-Profit Law; and (2) Public Relations in the System of Integrated Marketing Communications (Third-Country -- St. Petersburg University). The Public Relations program focused on approaches to public opinion formation, e.g, through slogans, news releases, and criteria for selecting the right information to share.

After coming back from these two training events Takhir consulted many NGOs like "Meylentenchi", "Aladja", and Eco-center "Sodruzhestvo" on various issues such as sustainable relations with the community and organizational image. On February 25. 2003 he organized a panel discussion to familiarize interested NGOs with the results of the program. He organized another round table discussion for ecological organizations. Altogether there were over 40 representatives of different NGOs that participated at these meetings.

Next, Takhir Garipov developed three new training modules: *Public Relations; How to Conduct Negotiations; and Media Relations.* He conducted a pilot seminar on *How to Conduct Negotiations* for AED staff and some employees of other USAID contractors. Twelve participants representing six organizations took part in this seminar. The consensus was that this seminar was essential for all of the participants and that it could be useful for communities and other organizations.

With the support of AED, Takhir plans to conduct this seminar for AED partner organizations. both governmental and public. In the meantime, he is working on an information campaign "Water for Life." It will include advertising billboards, bus posters, and other public information activities.

Teaching Business Legislation And Rights In Turnmenistan

SO 1.2/1.3

Being an entrepreneur in Turkmenistan is similar to putting together a jig-saw – you have to dig out all the pieces of necessary information to orient oneself within the local business environment. Though Turkmenistan has progressive SME development legislation. many entrepreneurs are unaware of their rights and responsibilities. This ignorance is well used by governmental officials who often ask for recompense. The Association of Entrepreneurs and Tenants (AET) is the key to the puzzle. AET is conceived as an arbiter between bureaucrats and entrepreneurs. Its goal is both to consult entrepreneurs on snags in legislation and to resolve situations when there is a breach of legislation.

Murad Emutbaev, the head of the association. has been in this business since 1993. As a member of a parliamentary committee. he participated in developing many entrepreneurship laws that are currently in force. In 1995 he participated in a Business Environment II workshop which was set to show how the US was developing its own SME sector. He visited many business incubators that were active there. Upon his return he zealously started to introduce some changes in Turkmenistan. However. as he put it "there was no need for changes at that time." In the meantime, he continued working on developing SME and participated in another training session, Privatization Roundtable. AET helped some businessmen get loans to build an office building intended for rental income. Some farmers came to AET and complained that in spite of a Presidential Decree it is difficult to get a long-term lease on the land. AET helped them resolve this situation.

Mr. Emutbaev felt that there was a need to conduct a training program for farmers to teach them legislation, how to get a loan. and how to develop a business plan. This idea was supported by AED/TK. The training - *Economic and Legislative Basis for Private Businesses in the Agricultural Sector* - was conducted in Turkmenabat city in the Lebap Region for 26 farmers

from nearby farms. The goal of the seminar was to educate farmers on legislation related to agricultural private business and to develop partnerships between private business, government and such organizations as AET, and it was successfully met. Soon after the seminar, two of the farmers were able to get some land on a ten-year lease agreement.

UZBEKISTAN SUCCESS STORIES

Participant Making Impact On Teaching Methods - Tashkent

SO 1.3

Former USAID participant, Katherina Royka is inspiring students and teachers alike with her interactive approaches to teaching and training. She is a Teaching Assistant in graduate studies at the National University of Uzbekistan and a trainer at the Tashkent Center for the Support of Women and Children (SABO). Her USAID training occurred in stages, first in the gender section of a USAID sponsored conference in Almaty and a USAID supported Gender and Youth workshop in Buchara, both in summer 2002. This was followed shortly thereafter by two USAID Grantee Counterpart Consortium workshops on NGOs in Local Communities and on Effective Project Development. In all of these workshops she was exposed to interactive training techniques, including interactive games, role playing, brainstorming, etc.

On completion of this training, all of which occurred between February and September 2002, Katherina began applying these same techniques in her undergraduate lectures in Logic and Gender Studies at the University and at SABO. At SABO she was promoted from volunteer to paid trainer and provides training to teachers of students ages 7 - 16. The objective of her training sessions is to develop gender sensitivity among teachers, all of whom are older than Katherina. Initial teacher reaction to her modern training approach is surprise and resistance, but this tends to be followed by acceptance and enthusiasm about an hour into these six hour training sessions. SABO receives positive feedback from many of these teachers, of which some 40 already have been trained. Some of them become trainers themselves.

At the University, Katherina encounters surprise from her students, but immediate enthusiasm for her training techniques. They respond favorably to small group sessions and some begin to work very hard, even asking for exercises to do as homework. This is obviously a radical departure from the conventional approach to classroom teaching to which students have become accustomed. Katherina reports that the students seem to learn better because they apply themselves, resulting in overall grade improvement.

Breakthrough In Property Assessment -- Samarkand

SO 1.3

Property assessment is a key to a whole range of things that make a free market economy and decentralized governance work, such as mortgages, property taxes, business plans, insurance and budgeting. This is the story of how a USAID training program helped a determined woman from Uzbekistan spread knowledge of property assessment techniques, get a reform law passed and establish an Association to promote implementation.

This series of positive events did not happen overnight. They are the result of cumulative training and follow-up linkages. Gulsara Ganieva is Director of the Samarkand International Business School in the College of Architechture. She attended a USAID Regional training course in Samarkand in 1996 on business valuation including property assessment and has attended other USAID business oriented courses. After the assessment course, she and her Business School colleagues wrote two training manuals on how to assess property and equipment, borrowing the concepts from the US course and books on business assessment translated into Russian and provided subsequently by USAID.

The resulting training course helped the School's reputation and they were even asked to present courses in Kazakhstan (Almaty and Atyrau). In 1999 they delivered a course to government assessors that included also bankers, insurance company representatives and private assessment companies. Private sector participants from this course launched a Professional Association of Assessors (a government association of assessors already existed) and proposed reform legislation. The association has 150 members, or about 70% of Uzbekistan's assessors. In August 1999 a law was passed stipulating that assessors must be licensed and setting out what the government can and can't do, as reported in the Pravda Bostoka on September 15, 1999.

Licenses have yet to be issued by the government, but the 15 member Board of the Association of Assessors meets quarterly and among other things discusses how to operationalize the law. They have developed a plan of action including working with the State Property Committee, lobbying, and writing newspaper articles.

The experience gained in this series of developments and actions is integrated back into the course teaching materials. Impressed with these efforts, her College Rector has given her responsibility for organizing an International Conference on Property Assessment in Samarqand in May 1993 to address this issue of property assessment. Proceedings of the conference will be published.

Advacement In Privatization Of Pharmacies

SOs 1.2/1.3 and 3.2

Moving from government control of the supply of medicines and medical supplies has been a challenge throughout the former Soviet Union. Issues such as -- who is responsible for Importation of drugs, who sets prices, who ensures quality and expiration date compliance, who informs doctors of uses and counter-reactivity of drugs, and public heath issues -- are all now

Evaluation of the Participant
Training Program in the CAR
H-11
April 30, 2003

within the realm of what pharmacies provide. A dedicated group of professional pharmacists have opened businesses to fill this gap.

A pharmacist from Ferghana in Uzbekistan participated in a training program sponsored under the USAID-GTD training program. *"I brought back with me a charter of a pharmacy association in the U.S. It may have seemed like a simple thing to do, but I did not just carry back with me this document I also carried back an understanding of how an association of medical professionals could be developed and the useful things it could do. I paid to have this charter translated. I studied this charter, and I borrowed what fit for our conditions in Uzbekistan. I contacted all of the local pharmacists, and now we have developed our own "Ferghana Pharmacy Association."*

The benefits of organizing into an association soon were apparent to the members of the Ferghana Pharmacy Association. *"We organized ourselves to protect our members and their employees from a multitude of government agencies that were hampering our operation. Because there must be government involvement in the pharmacy industry it was critical that government agencies and we learned to work together."* Asked if the government was putting up any obstacles to the formation of the association, the response was: *"No, no they understand the benefit of our association and what we are trying to do. Now the government can work with one association and doesn't have to communicate with all of us individually."*

The excitement, enthusiasm, and pure energy emanating from this one representative of a small association in Uzbekistan was absolutely infectious. As our pharmacist continued... *"Let me tell you more, now our association is acquiring computers and software so that we can track patients and the prescriptions they are receiving. In prior times different pharmacists would prescribe different medicines, this was very dangerous. We also conduct training and upgrading of skills for our members. In our country a Pharmacist has to be like a doctor in your country. A pharmacist can diagnose and dispense medicine without a prescription from a doctor. Now with our computers and data base we can come to understand our patients much better, no matter what pharmacy they go to in our valley we soon will be able to check their medical record."*

Asked if he had used USAID funding for the formation of this association, the participant related *"No I have had no contact with them, they don't know what I am doing. But if the chance ever came up, I would like to send my employees on similar training programs."*

Spreading Training And Community Action Through Training

SO 2.1, SO 3.2 and SO1.6

A Regional Training program on Developing Networks was conducted by Counterpart Consortium with the support of START/AED, from October 31-November 4, 2002 in Samarkand. The training was aimed specifically at equipping participants with the necessary knowledge and skills to set up effective community networks and their branches.

The training produced some immediate local self-generated follow-on activity. On return from the training event, participants from Kokand in the Fergana valley designed their own community-networking module for training of NGOs. They conducted the first such training event for local communities and NGOs working in the public the health sphere in Kokand. After

Evaluation of the Participant
Training Program in the CAR
H-12
April 30, 2003

this training event, a Network of 8 medical NGOs was created and started it's activity in Fergana Oblast -- including conducting local assessments to discover existing and potential local community health networks.

This is just one example of how training at the national or regional level leads to local follow-on action and results. In an earlier regional training event in Tashkent on Community Project Management, participants from Uzbekistan got enthusiastic and developed a Community Project Management training module for use in Uzbekistan. Participants applied their skills to helping involved citizens in solution of community problems, for example water shortage problems in Kegeyli Rayon of Karakalpakistan.

Evaluation of the Participant
Training Program in the CAR
H-13
April 30, 2003

APPENDIX I
TECHNICAL ASSISTANCE CONTRACTORS/GRANTEES CURRENTLY USING AED SERVICES
IN THE CAR

Organization	Primary USAID SO Areas	Regional	Kazakhstan	Kyrgyz Republic	Tajikistan	Turkmenistan	UZBEKISTAN
Abt Associates	3.2	X	X	X	X	X	X
ACDI VOCA & CAID	1.2/1.3, 2.1		X	X			
AKE	3.2				X		
American Bar Association/CEELI	2.1	X	X	X	X	X	X
American International Health Alliance	3.2	X	X	X	X	X	X
ARD-Checchi	1.2/1.3			X	X		
BearingPoint Global Operations/Bank Superv.	1.2/1.3		X	X	X		X
BearingPoint Global Operations/Fiscal Reform	1.2/1.3	X	X	X	X		X
Carana/Econ & Business Education Develpmt	1.2/1.3, 2.1	X	X	X	X	X	X
Center for Democratic Education	2.1		X				
Counterpart Consortium	2.1	X	X	X	X	X	X
Eurasia Foundation	Cross-cutting	X	X	X	X		X
International Center for Non-Profit Law (ICNL)	2.1	X	X	X	X	X	X
IFC	1.2/1.3				X		
International Fertilizer Development Center	1.2/1.3			X			
International Foundation for Election Systems	2.1			X	X		
International Law Students Association	2.1		X	X	X	X	X
International Organization of Migration	2.1			X			
Internews	2.1	X	X	X	X		X
Junior Achievement International	1.2/1.3	X					
Mercy Corps International	2.1					X	
NDI	1.2/1.3, 2.1		X	X			
PA Consulting (NRMP)	1.6	X	X	X	X	X	X
Pragma Corp Financial Sector Initiative	1.2/1.3		X				
Pragma Corp Enterprise Develpmt Project	1.2/1.3		X	X	X		X
Pragma Corp Trade & Investment Project	1.2/1.3		X				
Soros Foundation	2.1		X	X	X		X
Urban Institute/Local Government Initiative	2.1		X	X	X		X
Winrock International	1.6					X	X
WOCCU	1.2/1.3						X
U.S. CDC	3.2	X	X	X	X	X	X

APPENDIX J
GUIDANCE FOR USAID IMPLEMENTING PARTNERS ON THE "START" PARTICIPANT TRAINING PROGRAM

~~As of June 1 (2003), the new START (Strategic Technical Assistance for Results with Training)~~ participant training contract will take the place of the GTD (Global Training for Development) contract that you have been working with. Though many of the rules and regulations will remain the same, under the new training contract, we are making a concerted effort to streamline the paperwork that technical offices, country offices and TA contractors/grantees are responsible for filling out to propose and implement programs. At the same time we are requiring that training programs be better thought through up front and more results-oriented before the decision to invest in a training activity is made. AED is redoubling their efforts to hold training participants more accountable for results prior to, during and after the training activity.

Below, please find an update on procedures for proposing a training activity using the START funding mechanism as well as new policies on participant selection. Please do not hesitate to contact the AED/START office in any of the 5 CARs should you have further questions or concerns.

A. TO PROPOSE A NEW ACTIVITY

A new, streamlined, two-page Training Activity Request Form (TARF) needs to be carefully filled out for each activity and submitted to your CTO. Your CTO will then submit the TARF to the Program Office for approval. Approved TARFs go directly from the program office to AED. USAID implementing partners are not permitted to submit completed TARFs directly to AED.

We appreciate your work on filling out the TARF forms. For the technical offices, contractors and grantees, this two-page form replaces the much longer Training Request (TR) form that was employed under the old training contract. Upon receipt of an approved TARF from the Program Office, AED will then jointly develop a more expanded version of the training activity in collaboration with the relevant technical office/contractor/grantee. AED will assume responsibility for drafting the longer Training Request for submission to USAID/CAR for approvals. The USAID/CAR approval process for TR's would remain the same under the new training contract with the technical offices, country offices and finally the program office all signing off for final approval. The TR document itself has also been streamlined and is more user friendly.

B. WHEN TO PROPOSE A NEW ACTIVITY

Generally, the USAID/CAR Mission Training Plan is developed on an annual basis in March of each year and approved in May/June. Your technical and country offices will contact you in March to solicit ideas for the annual training plan. Ideally, you would have 2-3 months to initially develop training course ideas and submit them to your CTO. An approved TARF is essentially a justification ticket to get your training course idea into the annual training plan.

214

It is also possible, on rare occasions, for urgently needed courses to be added to the annual training plan after the March-May window during a given year. AED's recommendation to USAID implementing partners is to work with your CTO and USAID Country Office on an ongoing basis to develop TARFs throughout the year. If your CTO and USAID Country Office determine that your training idea is a high priority that cannot wait until the next annual training plan, your CTO and Country Office can work with the Program Office to see if funds might be available on an ad hoc basis. Please note that any additions to the annual training plan on an ad hoc basis still require an approved TARF for inclusion into the annual training plan.

C.   PARTICIPANT SELECTION PROCESS

Our goal is to hold participants more accountable before investments are made in their training, in particular, when they travel outside of the CAR region. For these programs, AED in cooperation with the relevant contractor/grantee, should set up a participant selection interview panel. For example, if the program calls for 14 participants, at least 28 participants are nominated who will then be interviewed jointly by AED and TA contractor/grantee staff and/or relevant experts in the given sector. All candidates will then be ranked and justified, and names for the best candidates would be submitted to USAID/CAR respective technical offices and the program for a final approval.

For courses that take place in-country or in CAR, an interview/screening process may not be practical or feasible, particularly when large numbers of participants are involved. In these cases, AED and the relevant contractor/grantee will jointly develop a selection/screening process such as written application forms to be screened by either AED, the relevant USAID partner or a third party. The "rules of the game" in terms of the participant selection process should be clearly defined in the training request, merit-based wherever possible, and jointly developed by AED and the relevant USAID contractor/grantee. At a minimum, the process should be objective and transparent with a clearly defined selection criteria spelled out in the training request.

D.   PARTICIPANT SELECTION CRITERIA

In addition to the selection process being clearly spelled out in the training request, participant criteria should also be carefully described. Criteria should be tailored to the specific technical expertise required by a given training course but should also include factors such as:

1.   Ability and in a position to effect change
2.   Motivation for training
3.   Does their current job SOW match goals of the training course (i.e. are they really working in this area?)
4.   Ability to disseminate materials/knowledge acquired during training
5.   **Results of previous USAID training/investment in the individual/institution (Note: AED maintains a database on prior participation and will normally recommend to USAID/CAR that "repeat" participants not be funded unless strong justification is provided that the individual is critical to the course's success).
6.   USAID mandates such as gender balance and geographical spread

*Note: Final approval of all participant lists is made by USAID/CAR. Once USAID/CAR approval of a participant list is obtained, only the AED/START/CAR Regional Training Program may issue invitation letters indicating to participants that they have been formally selected for a training course. Therefore, it is critical that USAID implementing partners do not discuss participant selection with participants until invitation letters are received by the participants. It is also critical that participant nomination lists NOT be prepared until the training request has been approved by USAID/CAR. Contractors/grantees should not "draw up" a participant list until the training request, which details participant criteria and selection process, has been approved by USAID/CAR. The selection process integrity is severely compromised if a contractor/grantee submits a participant nomination list directly to their CTO without an approved TARF and training request.

E. PROGRAM DESIGN

As AED works with the technical offices/contractors/grantees on developing the training requests, greater emphasis will be placed on program content, agenda and learning methodologies in the TR to ensure that they are tied to the USAID/CAR strategic plan and are results-oriented. Additionally, TR's under the new training program will include such issues as: What will the participants be accountable for after they return from this program? What specific products, such as final reports or action plans, will they be responsible for? What concrete results are expected from this program? What follow-on activities could be developed from this course?

AED will work with TA contractors/grantees to improve the design of TR's and add greater accountability to training programs so that results can be better reported to the Mission. **Normally, AED requires at least 12 weeks lead time** to develop a training course from inception to implementation. At times, courses need to be turned around more quickly. In these cases, AED will endeavor to work with the relevant USAID partner to deliver the highest quality course in the shortest amount of time. However, AED reserves the right to recommend to the Mission that a course be delayed or canceled if participants or the training provider are inadequately prepared for the training, or if logistical arrangements cannot be made to ensure the success of the course.

Thank you very much in advance for your attention to the issues in this memo and we look forward to working with you under the START Participant Training Program. Again, please do not hesitate to contact the AED office in your country or your CTO for further assistance.

216